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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Psychiatry in a Pediatric Ward

Casework for Abused Children

Halfway Houses for Delinquents

Working Mothers' Expenses

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TWO HOSPITALIZED CHILDREN in the pediatric ward of a large municipal hospital. How a psychiatric consultation service within such a hospital works with the ward staff as well as directly with the children to mitigate the emotional stress which often interferes with children's recovery is described in pages 207–212.

To her present chair on the Boston University medical faculty, which she assumed in 1959, ELEANOR PAVENSTEDT brought a background of experience in child psychiatry, psychoanalysis, and pediatrics in Massachusetts hospitals, private practice, agency consultation, teaching, and research. In her present research, she is focusing on the effects of maternal maturity level on child development. Her training, begun in Geneva, took her to London, New York, Baltimore, and Boston.

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Psychiatric consultants and pediatric staff have a mutual learning experience when there is . . .

A CHILD GUIDANCE SERVICE IN A MUNICIPAL HOSPITAL

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ANYONE who has worked in a municipal hospital has been struck by the particular pace and atmosphere that prevail and differentiate it from all other hospitals. There are vivid contrasts between the dimly lit corridors with their peeling walls and endless pipes and the clusters of alert, active young men and women who hurry down them. The nurses and young doctors are there to receive training and the broad experience and greater responsibility such an institution provides. In their alertness they form a sharp contrast to the apathetic indigent patients who seldom complain about having to wait all morning for a rapid examination and a minimum of communication, and who often leave with little understanding of what ails them, clutching their prescriptions and hoping the corner druggist will add still another item to their debt.

Some patients even seem to find the dreary waiting rooms a haven where they can sit for a few hours with only one or two children tugging at them, without dirty laundry demanding to be washed or four blank walls reminding them of the isolation of old age. They are surrounded by companions in misery, in physical touch with other humans who make no claim on them. Perhaps they experience a certain comfort in knowing that their bodies will receive care. The city hospital provides them with the same sort of parsimonious (not begrudging but measured) care that the over-burdened mother of a large family gives her offspring. Many of them feel alien and hostile toward the community at large, which has seemed to shunt them aside. They feel rejected often even by their churches, are fearful of law enforcement agencies, and are resentful of the inquiries made by public welfare investigations. They trust the hospital personnel, however, who treat them without questioning their way of life and allow them to maintain their privacy.

On the other hand, among large numbers of these patients the normal anxiety that most patients feel in hospitals is augmented by a cultural communication handicap. Having very limited vocabularies, they do not feel comfortable with words. Few doctors talk to them in a language they can understand. For example, a nurse who often accompanies patients of the family-care program of the Boston University School of Medicine to the outpatient clinics of the city hospital has found that the patient is often too abashed to give a correct history or to make his complaints clear; completely fails to understand what the doctor says; and because of the technical terms he uses usually leaves the clinic with ominous forebodings, unclear about the directions for further treatment and care.

Psychiatrists, when they first come to work in such an institution, long to change many things, to humanize administrative and medical procedures, and to personalize the contacts of the medical and paramedical staff with their patients. They find, however, that they can make headway only very slowly against practices that have over the decades become acceptable to both patients and personnel. A city hospital is no place for a psychiatrist who rushes in with evangelical zeal, nor for one who closes his eyes to situations that are psychologically painful for him to see. However, the psychiatric consultant in a city hospital who realizes that change is apt to come as gradually in colleagues as in patients will reap many rewards in terms of professional growth, for himself as well as for the young medical and paramedical staff. And this, of course, will accrue to the benefit of the patients.

The child psychiatrist usually finds his way into a municipal hospital through the pediatric service, which has asked him to serve as consultant. He will do well to use some of his time in the beginning, before he becomes burdened with many requests for consultation, in becoming acquainted with the nurses, the aides, and the technicians, and to familiarize himself with the emotional climate on the wards, the nursing care, and the medical, particularly the admissions, procedures. In a busy city hospital, he may be struck by the friendly attitude of the nurses, which contrasts with the often dismal appearance of the ward, the absence of toys, and the physical restraints imposed on the children. He will find children being fed, often distasteful diets, by well-meaning, but usually not well-trained, aides. He will find television programs—about marital discord in upper-class homes, shootings, and accidents—drowning out the sound of a child's crying. He will find some children sitting around in obvious despair, impassive withdrawal, or fear; others playing comfortably with each other; others talking compulsively or running about in a hypomanic state.[1] This is a time for silent note-taking on what needs to be changed.

Children at play in a hospital ward. Observations of what hospitalized children do and say while playing or in a group discussion can provide many clues to their inner feelings.

Requests for Consultation

Many nurses will engage the consultant in conversation as he goes through the wards, voicing their concern about a patient who has not been officially referred to his attention. Such discussions had best be kept at the level of management of the child, which is the nurse's particular responsibility. A helpful clarification of underlying anxiety or depression may win over a faithful helper.

The importance of the psychiatric consultant's making himself available to the pediatricians whenever the need for him arises cannot be exaggerated. Unless the psychiatrist sets aside a sufficient number of hours for this function, upon which pressures for service to psychiatric patients are not allowed to infringe, communication with pediatric colleagues will be slow in developing.

Informal meetings are also valuable. In the Boston City Hospital, the box in which consultation requests are deposited is outside the doctor's dining room. This facilitates informal communication between the consultant and the pediatrician at mealtime. The pediatrician is encouraged to tell the consultant what observations he has made that have led him to be concerned. Often these observations are much more astute than child psychiatrists give other physicians credit for being able to make.

One of the psychiatric fellows at the Boston City Hospital, who was formerly a pediatrician, has noted that the pediatricians know much more about their patients than they put into their notes or even into the record, and that their reason for requesting a psychiatric consultation is not by any means completely revealed by, nor does it sometimes even correspond to, the written request.

The psychiatric consultant may be called in on a

case because of a child's failure to improve physically after the acute phase of his illness is over, or because the medical staff wants his advice concerning the timing of an operation or the wisdom of plastic repair work or about whether a hermaphrodite should be directed toward feminine development even though the internal female organs are missing.

The psychiatric consultant will also frequently be called upon to support children reacting to acute stress, particularly when orthopedic, genito-urinary, or cardiac surgery is involved. The hospital provides him with an excellent opportunity to study children reacting to severe traumata and to see them recovering their emotional equilibrium through a whole series of defense mechanisms. He will support the child's efforts to achieve this equilibrium and sometimes by his awareness of what is going on will be able to swing things in the direction of greater maturity. He will principally stand by, for it would be foolhardy to intervene in the child's struggle.

Tragic cases come to a city hospital: a 7-year-old assaulted by her mother's lover in the hallway of a housing project, to whom a benevolent group sends, of all things, a large bride doll; a 6-year-old with a gunshot wound, who survived her father, who succeeded in killing himself and her brother; a 5-year-old boy who started a fire in which his baby brother was smothered. The opportunity of observing and assisting children in such acute crises is a rare experience for child psychiatrists, who in child guidance clinics or in private practice usually do not see children until many months after a traumatic occurrence. All degrees of deprivation and its effect on the child's response to people and toys can also be seen.

Dealing With the Child

In the city hospital the psychiatric consultant will be dealing with a child who is separated from family and home and often in pain or discomfort. Frequently his interview with the child will have to take place at the bedside with a semicircle of curious little wardmates offering their comments. The child may be uneasy or suspicious of him, a new character in the hospital's procession of strange adults. The diagnostic process is not easy to carry out under these circumstances.

Some child psychiatrists depend on their conversation with the patient and on observations of his behavior and of his interplay with the other children, and may use the patient's own playthings to elicit feelings and fantasies. Others come equipped with a box of small therapy toys. If the hospital has a social group work program, the psychiatrist may obtain considerable information from the group worker concerning the patient's relationships with his peers, with the group worker, and often with visiting parents, as well as about the patient's feelings, conflicts and fantasies, his attempts at mastering his anxiety, and his ideas concerning his illness, his treatment, his doctor, and his nurses.

For example, at the Boston City Hospital, the social group work staff arrange to see a child as soon as possible after admission to allow him to express some of his concerns and to provide him with appropriate activities until he can join their play group. Many isolated or withdrawn children are helped to overcome their timidity and suspicion and learn about the pleasures of social contacts for the first time through this program. By the time the psychiatrist is called in on a consultation, much useful information has been amassed by this staff, which greatly facilitates diagnosis and planning.

As requests for consultations begin to come in, the consultant is confronted with the problem of who is to interview the child's parents. If the psychiatrist himself performs this task, it will be easier for the pediatrician to accept its importance and meaningfulness. However, parents' visits to their children, especially in a city hospital, are often irregular. Many parents are hard to reach and unreliable in keeping appointments. The psychiatric social worker on the hospital staff is apt to have more flexibility in regard to commitments and is well equipped to work with parents.

Some pediatricians will feel less threatened by the status of a social worker than of a psychiatrist so that they may learn more freely from her. The drawback to this as a learning experience useful to them in the future is that the pediatricians are not likely to have a social worker available to them when they are in private practice. Nurses who have had, or who are taking, postgraduate training in mental health nursing are more and more frequently working on pediatric wards and may be called upon to make a home visit and obtain the information the psychiatrist needs. They will be more familiar as working colleagues to most young pediatricians, and they may be more accessible to these physicians later in their private practice.

The psychologist is also a source of information about the child, and the psychiatric consultant may request a test or a battery of tests—always remembering that test results are of relative value only,

particularly when the child tested is a hospitalized child.

A city hospital, where small children are "dumped" over every long weekend, and where many parents do not appear to pick up their children upon recovery, offers the professional person a splendid opportunity to observe all the early stages of development. The clinical psychologist can be of great assistance here in demonstrating different stages of growth, with the constant reminder that children do not perform to capacity during hospitalization. For example, on the orthopedic and surgical wards, enforced immobility will have serious and demonstrable effects on 2- and 3-year olds. Some children with chronic conditions and prolonged or repeated hospitalization will show too ready contacts, with rapid shifts from one person to the next, or apathy and listlessness. The importance of assigning the care of babies and very young children each to one special person cannot be too strongly stressed.

Psychiatrist and Pediatrician

The psychiatrist will do well to learn from his pediatric colleagues the difference in behavior of sick and well children of various ages. Pediatricians possess a wealth of information invaluable to the child psychiatrist concerning daily fluctuations in children of mood, alertness, responsiveness, fatigue, and hunger.

Because of the difference in pace and approach between psychiatrist and pediatrician, the latter's necessarily being more direct and factual, the pediatrician is apt to be impatient with the psychiatrist's reluctance to make a diagnosis and to make a recommendation before he has all the necessary information. For this reason, the consultant will do well to share his observations and findings with the pediatrician as he goes along, making it clear that he is withholding his final judgment.

In some instances when pediatricians make a diagnosis of psychogenicity of a child's condition after they have excluded the possibility of tissue alteration, cell chemistry, or of organ functions being involved, the psychiatrist may rule out psychological causes because the presenting picture deviates so much from familiar psychological symptoms and because the child's behavior is not compatible with an emotional disturbance.

Probably the greatest difference between the approaches of pediatricians and psychiatrists is in problems of "habit training." Soiling, or encopresis, in a child in the latency stage (6 to 10 years old) is a typical example of a case that presents mutual frustrations. Before the psychiatrist is consulted, habit training has usually been instituted. The background for this symptom is usually difficult to establish and not infrequently involves a serious family problem that is guarded with great secrecy. Since the psychiatrist has little to offer in the way of etiology or dynamics, the pediatric service continues its habit training. Quite often the child, temporarily removed from the source of his conflict, conforms and is sent home "cured." Only with the third hospitalization for recurrence is the child finally sent to treatment in the child guidance clinic. By the time the etiology has been established and a change has been brought about, the pediatric interns and residents who were on the case have departed from the hospital.

In contrast, the same problem in a preschool child, when the onset is recent and precipitated by a specific event, often lends itself exceptionally well to short-term play therapy by a psychologically gifted pediatrician.

The management of a child who refuses to cooperate in the regime outlined for him by the pediatrician is sometimes a source of difficulty between the psychiatrist and the ward staff. Too often the psychiatrist is not called in on such a case until the doctors and nurses are at "their wits' end." By this time several approaches to the problem have been tried unsuccessfully and feelings run high. If the psychiatrist attempts to give an explanation of the child's problem based on theories of personality dynamics, which if recognized earlier would have given a clue to the child's management, this may be taken as a criticism and lead to strained relationships between the pediatric and psychiatric services. For example:

A 10-year-old boy had been admitted to the hospital following a blow to his knee. Several prior hospitalizations for similar injuries made the diagnosis of accident proneness obvious. Each accident had occurred in a reckless attempt to prove his courage. This time acute rheumatic fever in several joints had set in. This condition made it imperative for him to stay in bed and take medication regularly, both of which he refused to do after the acute phase of his illness had passed. He made it quite clear that he was trying to be thrown out of the hospital.

The boy's history revealed that he was the third of five brothers and very close to his mother. During the winter preceding hospitalization his father had been out of work and had made little effort to seek re-employment, although his mother was pregnant. The mother had entered the hospital to deliver while he was there and had promised to take him home with her when she left with the baby. However, he had not been ready for discharge when she left. Although the pediatric staff was aware of this, they had not made use of it in dealing with the boy and had not helped him to understand the source of his turmoil (anxiety over his inner

wish to be the baby) and the reason for his intolerance of passivity and of being nursed.

The psychiatric consultant could not get across to the pediatricians that if an interpretation had been given to the boy at his first rebellion, which came just after the mother had left the hospital, and if he had been confronted then with the immediate source of his conflict, he might not have suddenly developed such a tremendous anxiety over his passivity; and that gradually then the boy might have been helped to face his feminine identification and his fear of losing his hold on his mother. The pediatricians were angered at the explanation of the problem, perceiving it as a criticism of themselves for not calling the consultant in earlier.

Experience has shown that for the psychiatric consultant to hold daily supportive conferences with the ward staff around a problem of management, and to exert pressure for one person to be put in authority to avoid conflicting orders, are far more useful to the ward pediatricians than confrontation with a piece of psychological insight, no matter how valid.

Observation Sessions

Also useful in helping young pediatricians to gain greater insight into the dynamics of child behavior is to encourage them to attend social group work sessions, where the children play out their fantasies and feelings, their primitive sado-masochism, their cannibalistic impulses, and their curiosity about the body and its functions, all of which the group worker accepts without criticism, holds within bounds, and gently moderates. Observations of such a session can be a most illuminating experience. Because of its educational value the social group work program at the Boston City Hospital has been incorporated in the Psychiatric Social Work Training Project, operated by the Boston University School of Social Work with a Federal grant from the National Institute of Mental Health.

Pediatricians usually welcome a "recreational" program for their patients and will accept proposals for changes in ward practices much more easily from the group work staff than from the psychiatric team. This is understandable since where there is a group work program it becomes an integral part of the pediatric service and is in operation on the wards all day every day. Nothing is more convincing to pediatric trainees of the emotional crises in the children under their care than to hear and watch the children perform amputations, beheadings, and other gory mutilations on dolls and gradually, with the encouragement of a skilled group leader, express their own anxieties about what has and will be done to them.

The psychiatric consultant will also find it helpful to encourage the psychologist to demonstrate to the pediatric staff testing sessions of children at various ages, in order to point out the many things about a child taken into account in making a judgment of his possible potentials.

New Approaches

A child guidance staff in a city hospital deals with a population group with which most psychiatrists have had little contact. Many of the children come from disorganized families which do not maintain consistent contact with any social agency. And, even if they did, one hour of therapy per week could hardly reverse the effects of the early deprivation and inconsistency suffered by their children. Therefore new approaches to treatment become necessary: the use of the special skills of mental health graduate nurses, therapeutically oriented nursery school teachers, and group workers, in addition to the usual child guidance team of psychiatrist, psychologist, and psychiatric social worker.

The following is an example of a combination of several approaches made by the child guidance clinic of the Boston City Hospital:

A 15-month-old girl, Doreen, on the pediatric ward with the diagnosis of failure to thrive, was brought to the attention of the psychiatrist. Underweight and undersized, she looked like a 6-month-old baby. She was unresponsive and showed no interest in toys, looking only at her hand which she would move in front of her face. Her 23½-year-old mother had three other children, aged 5 and 6, and another baby aged 1 month. Told early in Doreen's life that the child had a congenital heart condition, the mother was so frightened that she never put her on the floor to crawl, let alone to attempt to walk. Doreen had been kept in her crib all day every day where she had remained, undemanding.

The psychiatric consultant recommended that one attendant or nurse be given major responsibility for the baby, carry her about, play with her, and be generally affectionate and stimulating. In spite of staff resistance because of the administrative difficulties involved, the advice was followed. This was so successful that the baby gained considerable weight, and by the time of her discharge had learned to walk, much to her mother's surprise.

A child psychiatry fellow and a nurse working for her master's degree in psychiatric nursing were assigned to visit the home regularly once a week.

The psychiatrist's goal was to establish a relationship with Doreen, to stimulate her curiosity and her initiative, and to encourage her to master certain simple skills. At first the child rocked endlessly on a chair, humming in a sing-song fashion and often just staring dreamily into space. Gradually she responded to her visiting therapist and engaged in simple back-and-forth activities with him.

The nurse meanwhile related warmly to the mother and in a most supportive manner instructed her about the needs of babies. The mother learned not only to show affection to the new baby but also to Doreen. When the nurse's placement in the hospital's clinic ended, her place on the case was taken by the head social worker who, although she continued discussing methods of child care with the mother, gradually drew her into a casework relationship.

The case was progressing well when the mother became pregnant again. Another baby was born before Doreen was three. Arrangements for a homemaker at the time of delivery were canceled because the mother made plans for the paternal

grandmother who was seriously emotionally disturbed to take over the care of the children.

When the new baby was brought home from the hospital, it seemed an excellent opportunity to combine child development observations (an aspect of the hospital's training in child psychiatry) with service. This brought a third person into the home, another psychiatrist in training who visited every fortnight. But by the time the new baby was 2 weeks old everyone was in a state of alarm. The mother seemed apathetic and depressed; she was rarely seen holding the baby and when she did so, showed inept, stiff handling. The baby was crying most of the night and Doreen was again withdrawn and rocking.

The social worker then learned that the father who had always inadequately supported the family had lost his job just before the mother went to the hospital; that this was the reason she had canceled arrangements for the homemaker. He was going out night after night and upon return home playing his hi-fi until 2 a.m. The social worker also learned that the paternal grandmother had frightened the mother about the shape of the baby's head, convincing her that she had another abnormal child.

A pediatrician was brought in to see the baby. He was able to assure the mother that there was nothing wrong with the baby's head, and he prescribed a formula that would carry the baby through the night. When the baby was 4 weeks old, the psychologist on the child development program came to the home to give the baby a developmental test and reassured the mother about the baby's mental normality. In 5 to 6 weeks the mother gradually recovered; it seemed to us a result of the great interest shown her and her children by so many concerned people who were able to be reassuring where she most needed it.

Now, 4 months later, the mother is becoming demonstrative with the new baby, a boy. Doreen has begun to be naughty and occasionally wanders away. At 3 years and 2 months of age she has finally begun to say a few intelligible words.

Much research needs to be done before we know whether we can salvage children who have been seriously neglected during their first 15 months—whether we can help them develop the trust they should have developed in their first 6 months or perhaps even during their first 3 months. It is not at all certain that Doreen will be able to progress beyond a dependent relationship to others. Her cognitive functions may also continue to be retarded. Ironically, the original diagnosis of congenital cardiac anomaly is now being questioned. In order not to disturb further Doreen's emotional development, the psychiatric consultant has persuaded the pediatricians to postpone exploratory procedures in this connection for the time being.

As regards Doreen's little brother, however, it seems evident that the fortuitous presence in the house of members of the hospital's child guidance team prevented another maternal rejection and perhaps another case of failure to thrive.

The etiology of failure to thrive has not been definitely established. There are so many babies that are neglected who *do* grow and gain that one is obliged to look either for specific elements of mothering care that those who fail to thrive have been deprived of or for qualities lacking in the baby. The effects of the timing of certain experiences must be subjected to much more intensive study. Genetic factors certainly should not be neglected in this search.

Areas of Potential Service

Psychiatric services to children over 12 in most city hospitals are still very inadequate. At the Boston City Hospital, adolescents are cared for in the adult wards, and the child guidance staff sees them only if they are referred by the adult psychiatric service. Closer collaboration with this service and a beginning effort to establish communication with the medical and surgical staff are under way, a process which must be continuous in a teaching hospital with a constant turnover in residents. At present most of the adolescents referred to the child guidance service are young people who have made suicidal attempts. They are usually most reluctant to reveal themselves and are terrified of "head shrinkers." Others might be encouraged to come for treatment.

The adolescents in a city hospital like the younger children and the parents of the babies offer the psychiatric consultant an opportunity to reach a population group otherwise little accessible to preventive intervention. Other areas where such an opportunity might also be grasped are in the emergency wards and the prenatal clinics of city hospitals.

If psychiatrists are to widen their preventive and therapeutic efforts to include a broader range of socioeconomic groups, vigorous psychiatric services that do not shrink from exploring new approaches are needed. However, they must be carried on with the same psychological sensitivity and exploratory urge that have helped to build an understanding of the psychopathology found in persons in the middle class culture.

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[1] Mason, Edward A.: Children in the hospital. (16 mm. film, black and white, with sound.) International Film Bureau, Chicago. 1962.

A study classifying parental factors behind abuse gives clues for . . .

PROTECTIVE CASEWORK FOR ABUSED CHILDREN

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IN AN EFFORT to classify types of cases involving physical abuse of children and how they are handled by a protective agency, a study was made in 1962 of 80 cases in which children had been severely abused by their parents or parent substitutes. The study was based on a sample of cases handled within the past 3 years by the Pennsylvania Society To Protect Children from Cruelty.

The study's definition of an abused child was: any child against whom bodily harm was done to such a degree that it came to the attention of the agency and resulted in the rendering of service to protect the child. Malnutrition, starvation, or sexual misuse in children were not included unless bodily damage was also done. Three major factors were considered: (1) degree of injury inflicted; (2) probability of the abuse recurring; and (3) physical and psychological availability of parents to casework help. The cases were categorized as involving abuse which results from: (1) parents' acute mental illness; (2) an overflow from the parents' aimless way of life; (3) a nonspecific disturbance in the parent resulting in severe battering of the child; (4) parents' harshness in disciplining children; (5) parents' misplaced conflicts.

Abuse by Mentally Ill Parents

In families where a mentally ill parent is physically abusing a child, the mental illness soon becomes so apparent and unpredictable that separation of abusive parent and child is imperative. If a spouse or other relative is available, the degree to which he can be of assistance in getting the abusive parent to a psychiatric resource needs to be quickly determined. If the case situation is essentially made up of mentally ill parent, abused child, and protective caseworker, the willingness of the parent to get needed treatment voluntarily or relinquish her child must be explored directly with her, for occasionally such parents recognize their own illness and give up the child. Should either approach fail and the child is obviously in immediate danger, the police are called on to transport the parent to a psychiatric facility. If the child does not seem to be in immediate danger, a petition in behalf of the child is filed with the appropriate court.

A withdrawn, 3-year-old child with an old and unsmiling face came to the attention of the protective service on a referral from a city hospital, where he had been treated for burned hands. Small scars were found on his entire body, some healed, some with scabs. His mother, a 22-year-old single woman, maintained that a caretaker had inflicted the damage to her son. An interview revealed that she felt "done in" by her parents who had given her as a baby to an aunt, by the aunt who had put her out when she became pregnant, by the father of the child who had deserted her, and now by her son who "wants things his own way." The caseworker, she said, could "take him away," but later she refused to give up her son for placement and it was necessary to file a petition with the juvenile court.

The mother failed to show up for a scheduled court hearing and had to be brought in later. A psychiatric examination resulted in the diagnosis "schizophrenic, paranoid type."

Of the 80 cases studied, 4 fell into the category of abuse by mentally ill parents. The focus of serv-

ice was on how to most helpfully separate parent and child. In two of the four families, unwed mothers were the abusers. Both had histories of mental illness. The other two families had histories of severe marital conflict and mental illness in the fathers, the abusers. In all four families, the homes were above average in organization and cleanliness. In two of the four families, more than one child was abused. The method of inflicting abuse varied, but it always involved a ritual rather than an impulsive approach. The most common prelude was to devise a situation in which the child either became petrified with fear or was provoked into behavior which was unacceptable to the parent and thereby "justified" punishment.

Overflow Abuse

Overflow abuse includes parents whose claim to parenthood seems to be little more than biologic. Their lives are marked by illegitimacy, paramour relationships, misuse of income, repeated evictions, excessive use of alcohol, deplorable housing and housekeeping. They obviously cannot help themselves. The abuse of their children seems to be rooted in an overflow of their own frustration, irresponsibility, and lack of belief in themselves or anything else.

In such cases, the possibility of the family remaining intact is remote. The parents are generally vacuous, pleasure-seeking, and devoid of guilt, except for periods of extreme remorse and self-pity. They make promises easily and plead with the caseworker for "one more chance." Most such parents respond poorly to formal psychotherapy. They sometimes begin, but seldom sustain contact with alcoholic clinics. They rarely make meaningful use of casework help, except in short-lived spurts.

Life for the children of such parents is degrading and dangerous, especially for infants, who cannot run from indiscriminate parental behavior. Parental abuse is most commonly dealt to the older children, perhaps because older children are more likely to become aware of values different from their parents'. When the child rebels, the parents, lacking any responsible coping capacity, try to control his behavior with their hands. The casework focus in cases of this type is to test the parents fully, in the hope of finding a spark of strength. In some instances this testing arouses a parent enough to participate in placing the children with relatives or in foster care.

The agency received a report of three teenagers who were beaten by their parents and made to beg for money on threat of burning if they refused; the father was said to have made sexual advances toward the 13-year-old girl and beat her on the face and body with his fists. The report was verified. There seemed no possibility of making functioning parents out of the alcoholic father and mother, whose 17-year-old marriage had been marked by repeated separations. Since they were unable to recognize the adverse effects of their behavior, the children were committed to the care of interested relatives.

Of the 80 cases studied, 13 were categorized as overflow abuse. In more than half the families of this type the father was not in the home. In nine cases the abuser was the mother. In every case where there was a man in the home there was a history of severe marital conflict. In only two of the cases were the housing and furnishings adequate. In all but one case the income was from public funds, paramours, or relatives. All parents who were examined psychiatrically received diagnoses of "inadequate personality." Most of the abused children were over the age of 5. The beatings followed no pattern and were rarely directed to any one child. They were administered by fist or with a belt or strap, and were repetitive and prolonged. Five cases were handled on an emergency basis, four of which required immediate admission of the children to a shelter.

The Battered Child

The "battered child" syndrome takes its name from the fact that the child's injuries are the result of twisting, throwing, knocking around, or some other form of "battering" by the abusive person. The injuries include bruises, hematoma, and one or a combination of fractures of the arms, legs, skull, or ribs. In many instances poor skin hygiene and some degree of malnutrition are also evident. X-rays of the child often reveal other fractures in various stages of healing, indicating that such abuse has been repetitive. Abuse of this nature is most severe (sometimes fatal) and is most often inflicted on children who are too young to speak, thereby ruling out their explaining how the injuries occurred. While it is strongly suspected that the parents either inflicted the injury, or know how it happened, they are most reluctant to volunteer any information.

Accurate figures regarding incidence of this type of abuse are difficult to come by. Physicians' suspicions may not be aroused because parents may shop for medical care after each injury of their child from different hospitals and doctors, fail to get treatment at all, or fabricate stories to account for the injury, blaming an ex-caretaker, a relative, or a jealous sibling.

Fortunately, the recent investigations of Kempe

and associates have gone far to alert the medical and other professions to the phenomenon of the battered child.[1] As a result, an increasing number of "battered" children are likely to come to the attention of child welfare agencies.

The process of dealing with physical abuse by battering usually begins at a hospital. Due to the severity of injuries, the child is brought there for treatment even if seen initially by a private physician. In some hospitals, if parentally inflicted trauma is suspected, or if the child is suffering from malnutrition with no apparent medical cause, the child's entire skeletal system is scanned by X-ray. Discovery of internal injury strengthens the physician's suspicions that more than medical treatment is needed.

Whether or not the police are alerted to the situation, the attending physicians should be required to refer the case to the hospital's social service department. The medical facts, along with a social service study of the emotional factors behind the child's injury, should indicate whether the child is in need of protective service. If so, such information as regularity of parents' visits with the child, their attitude, demeanor, use of social service, if any, and pertinent medical facts should be included in a referral to the protective agency. The parents should, of course, be informed of the referral so that a contact from the protective caseworker will not be the first indication they have that something is amiss. This will not, however diminish the force of the initial impact of confrontation between the protective caseworker and the parents.

If the injured child has not been discharged from the hospital, the protective caseworker assesses the home situation, parental attitudes, the validity of the parents' explanation of how the injuries were incurred, and the strength of the conviction with which they express desire for the child's return. Should it be obvious from parental attitude or behavior that the child should not be returned home, alternate plans for his discharge from the hospital will be attempted, either with or without court action. If the caseworker sees no immediate danger for the child in the home, he may support the child's return on condition that the parents continue to use the agency's service. This involves risk, but it also involves an opportunity to assess the situation by observing the child in his customary environment including all the familial cross currents and especially the manner in which the parents and child interact.

A small infant's fear and withdrawal from an intimidating and abusive parent are hard to detect except by spending hours with the parent and child. Conversely, an abusive parent often acts out his or her conflict with the battered child in the presence of the protective caseworker. Although this is done in miniature and with a parental air of acceptance of the child, the rejection seeps through in manifestations of intolerance and aversion to the abused child, indicating that the injury was more than an accident or an isolated impulsive act. In such instances, a separation from the family needs to be seriously considered, either of the child or the abusive parent. I know of no case of classical child battering in which the child has been able to remain safely with the abusive parent. Even when the parent accepts psychiatric help, separation is called for during the course of treatment, and precipitate reunions must be guarded against.

A family consisting of a young commercial artist, his wife, and two children, aged 2½ years and 1 month, was referred to the protective agency by a city hospital when the older child was admitted with fractures of the left femur and multiple bruises. The parents gave vague and conflicting stories to account for the child's injuries. In a series of separate and joint interviews with the parents, the protective caseworker found that the father had a pattern of abusing the child. The child had been a year old when the parents were married and the parents had already been separated and reunited twice during the brief period of their marriage. In the interview, the mother vacillated between minimizing her husband's behavior and expressing doubt and fear of him. The father who was obviously immature and indecisive, though with strong feelings, acknowledged having some part in the injury, which happened while he was bathing the child.

The protective worker concluded that it would not be safe for the child to return to his father upon discharge from the hospital. The mother concurred, separated from her husband, and moved into the maternal grandmother's home with the children.

For the next 3 months the caseworker continued having interviews with both parents, mostly with the mother, for the father rarely kept appointments. The father agreed to accept referral for psychiatric treatment but never followed through. Meanwhile he kept asking his wife to return to him. She finally yielded to his pressure and informed the caseworker of her intention. Since the protective agency had no authority to keep the parents from reuniting but felt strongly that such a move would place the children in grave jeopardy, it filed a petition in juvenile court in their behalf. However, the court condoned the reunion of the entire family on condition that both parents receive psychiatric treatment. A few months later the abused child died as a result of a blow on the head from his father.

Of the 80 cases studied, 8 were classified as battered child abuse. In six families containing more than one child, only one of the children was abused. In one family containing two children, both were equally abused; and in another containing three children, all were abused.

In four of the eight cases, a parent admitted that he "might have" caused the injury, but professed no intent to hurt. In all cases there was long standing, severe interpersonal conflict, either between

parents or between the abusive parent and a significant relative. Psychiatric evaluation failed to reveal discernible psychosis in any of the parents. The most salient personality trait of the abusive parent in adult relationships was dependency. The injured child was invariably seen by the abuser to be either a competitor or a burden which had to be destroyed or at least made to suffer.

As in the case presented here, the nonabusive parent often separates from the spouse in order to protect a battered child but a few months later becomes reconciled. It is this all-forgiving, naive attitude, plus the fact that the continuing physical and emotional danger to the child cannot be seen and verified, which plague the protective caseworker and the court attempting to deal with cases of battered children.

Disciplinary Abuse

The category of disciplinary abuse includes children who are physically abused either for failing to comply with a parental expectation, or for having committed some forbidden act. All but one were at least 7 years of age, the majority being adolescents. The abuser was usually rigid and unfeeling.

Because of the age of the child, the caseworker tries to draw him into an ongoing relationship, to help him determine whether he is contributing to his own abuse and if so to decide what he can do about it. Often the child will acknowledge that he has been less than fair-minded and pliable on many issues. The parent usually acknowledges the abuse but always minimizes it. The caseworker must walk a tight rope, for this type of parent is standing firmly on parental rights. The casework focus is basically one of accepting the parental intention, but consistently trying to help the parent to moderate his methods.

Use of casework service by such parents may be called excellent in near-term protection, but only occasionally satisfactory for long-range prevention. The paradox of these cases is that the parents are usually upstanding citizens in the community. The abuse comes to light only when some family member (usually the abused one) releases his pent up feelings beyond the family confines. Protective intervention is intolerable for the parents in most of these cases, and they graciously comply with the agency's expectations in order to get the caseworker out of their lives.

This continually forces the agency to take a policy stand—that a parent cannot choose to discontinue use of service simply because he or she has stopped beating the child and promises not to do it again. Therefore, ***if the parental conflicts which have resulted in child abuse have not been substantially resolved when the parent wishes to discontinue service, legal action is usually initiated in behalf of the child.*** Such action generally results in a court decision that the abusive parent seek psychiatric help, family counseling, or be supervised by the court, or a combination of these alternatives. Danger to the children is rarely sufficiently clear for the court to decree their removal from home. And the children seldom choose to leave. In these cases, agency service acts as a safety valve.

The police brought three children, boys age 14 and 12, and a girl age 10, to the protective service shelter. They had come home a little late and had been severely beaten with an extension cord by their father, a truck driver and lay minister. The mother had interceded by enlisting police help. A warm, outgoing woman she told the caseworker that the beatings occurred often and had grown more severe. She was agreeable to the children's admission to a shelter.

These parents of six children acknowledged marital conflict of long duration. The mother obviously loved her children deeply and regarded them as responsible and well-behaved. The father, a cold stiff man, exaggerated their misbehavior. He acknowledged the beating saying maybe this time he went a little too far. He said it was his right and responsibility, and he did it so the children would not get into trouble.

Within 2 weeks, the mother and father both maintained that things were straightened out at home and insisted that the children be returned. As much help as possible was given prior to the formal court hearing. The father said he had moderated his views somewhat, but a good bit of this was obviously just going along with what he felt was expected of him. A neuropsychiatric examination resulted in diagnosis of "schizophrenic reaction, paranoid type." The court ordered that the children remain with their parents under court supervision and that the father be referred for intensive psychotherapy.

Twelve of the 80 cases studied were classified in the category of disciplinary abuse. Included were all (5) in which the abusive person was a parent substitute, usually a person at least 50 years old who was caring for the children due to parental default rather than by choice. All homes but one were spotless. The abuse usually took the form of severe beatings on all parts of the child's body, usually with some implement—strap, rope, stick—rather than the bare hands or fists. Abuse was not centered on one particular child, but on any child who "broke" the rules of expected behavior. Marital conflict was more underground than blatant.

Misplaced Abuse

The category of misplaced abuse contains cases in which a parent's conflict is being projected onto the abused child. Routine case study invariably reveals an essential family unit with parents in varying degrees of marital conflict *and* some situations which

prove to be at the core of the abusive behavior. These include:

1. Conception prior to marriage. Either parent may punish the child for forcing an unwanted marriage.
2. An illegitimate child (usually the woman's, sometimes adopted by the stepfather). The stepfather may beat the child as a bad part of the mother; or the mother may beat the child as a part of the bad man who "did this and ran," or as the "thing" which caused her to lose him.
3. A brain-damaged child viewed as willful by a parent, who tries to beat out the "badness."
4. A child who has had his mothering process interrupted by the birth of a sibling. His natural reaction against this imposition may be handled so inappropriately that he further reacts, receives punishment, reacts more, and gets more severe punishment.
5. A child who has become a pawn in the conflict between parents, or between a parent and relatives, a "defeatable" substitute for a formidable adversary.
6. A badly handled separation of a child from the family and his precipitate return.

While some cases of "battered children" also fit into this category, the similarity holds more in the assessment than in their management. In the battered child category, severe and even fatal injury to the child is not uncommon and must constantly be guarded against; the abusive parent seems unable to control his behavior or feel much guilt about it; and resolution of his disturbance is apparently not within the present competence of casework skill. The converse is true in cases of children being abused due to misplaced parental hostility. Such children, although in a damaging situation, are rarely in danger of death; the abusive parents frequently manifest deep guilt and are able to control their behavior. Of all the groupings, parents in this category have demonstrated the greatest capacity to engage in a casework relationship in an effort to resolve the problems underlying their abusive behavior.

This does not mean that protection is an easy matter in these cases. In addition to the usual client resistance, the caseworker must deal with unacceptable child care which cannot be blamed on the neighborhood, insufficient income, or inadequate community resources. The parent is directly involved through deliberate action rather than failure to act. The caseworker can count on no assistance from either parent, for the parents initially protect each other regardless of the intensity of their disdain for each other.

Of the many approaches to breaking through the parents' armor, two stand out: (1) When the parents deny the abuse and maintain that the child is lying, the caseworker engages them in a discussion of the significance of the child's need to lie to someone regarding such a serious matter as a beating by his parents. (2) When his suspicions are confirmed by observation of fear or acting-out behavior on the part of the child, he patiently calls this to the attention of the parents and appeals to them to join with him in an effort to help the child.

The caseworker lets persistence and discretion be his guiding principles. Almost without fail, the agency intervention acts as a brake on the behavior of abusive parents; so the caseworker may be content with a momentary impasse as a calculated risk toward demonstrating some trust in the parents to insure that he will be able to see them again. At this juncture he weighs the advisability of interviewing the abused child. If there seems to be danger, he will pull out all stops in behalf of the child. Otherwise, forcing an interview with the child may only aggravate matters. ***The most important aspect of protecting the child is not to prove the parental abuse, but to make a reliable assessment of the apparent danger for the child and somehow elicit a commitment from the parents to further discussions.***

In subsequent interviews, the full extent of the problems in the home is invariably aired, thus making possible a thorough evaluation of the situation. Usually at this point either continued protective service is agreed upon, or the parents flatly refuse the agency service. In the kinds of cases included in this study, the abuse is so severe that parents' refusal of service necessitates initiation of court action.

Some children who have endured misplaced abuse are so emotionally disturbed by the time they come to the attention of the protective agency that psychiatric treatment is clearly indicated. Many abusive parents are also in need of psychiatric treatment, but most of them receive the suggestion as either a joke or an insult. However, some regard it as a magical means of achieving quick alleviation of their problems. Either view when not adequately handled before referral for psychiatric service leads to rejection by the psychiatrist because of "insufficient client motivation, home too unstable to warrant treatment, client inability to acknowledge problem."

Ever present in dealing with cases of misplaced abuse is the caseworker's awareness that the children

are in danger of further damage as long as they remain incorporated in the parents' acting out of a marital conflict. In protective service such conflict is handled through employment of generic concepts of casework help, plus the extra leverage of authority, and a steady focus on relating parental attitude and behavior to its effects on the children. If this help brings about a healthier balance in the family, to the obvious benefit of the abused child, either termination of service or referral to a family service agency is considered.

Where the union between parents has never been anything more than legal, or not even that, separation of parents, or parents and child, may be necessary to protect the child. If parental separation is advisable, the father usually leaves the home, sometimes under court order. The need to separate a child from his family might be immediately apparent to the caseworker, or recognized only after months of service. In either case, the goal is the same—to determine whether long-term placement seems essential, or whether through skillful help, eventual reunion on a more satisfying level can be achieved.

A family of 2 parents and 11 children was referred by a neighbor, who said that the children were beaten. Investigation was difficult, with threats to the caseworker from both parents. Yet within a month the parents were keeping regular appointments with the caseworker, some in the office. What came to light was that there was violent conflict between the mother and the oldest boy, Joey, who had been conceived before the parents' marriage and had spent his first 7 years with his maternal grandmother. Since Joey was big and not inclined to yield to his controlling, moody mother's unreasonable demands, the task of discipline was forced on the father. The father said that he began beating Joey "normally," but when the boy laughed at him, became incensed and started beating him with his fists. He later expressed uncertainty regarding his having fathered Joey.

When it became obvious that the child could not stand any more beatings, yet the mother was continually provoking them, the three family members agreed with the worker that a separation was needed. While in temporary shelter, Joey was seen regularly by the same caseworker who was holding regular interviews with his parents. Weekly visits between parents and Joey were scheduled, which the parents always kept. Gradually all three family members learned to trust and express themselves with the caseworker, and then to give respect to each other.

Eventually parents and child were spontaneously embracing each other and expressing the hurt and loss that they had been feeling before and during the separation. Within 5 months all three were showing sustained improvement and gratification in their relationship, and Joey pridefully returned home.

Of the 80 cases studied, 43 illustrated misplaced parental abuse. In homes where the father was present, he was most frequently the abuser. As in all categories, except overflow abuse, the homes were clean, orderly, and adequate. Only 4 of the 42 families were receiving public assistance. In 32, there was severe marital conflict, with much indication of mismatch between parents—mother quietly self-pitying, father explosive; mother pliable, father rigid; mother self-righteous, father fair-minded. The parents' family backgrounds included stress and disruption but not to an excessive degree.

In 29 cases the child was either illegitimate, conceived prior to marriage, cared for off and on by friends or relatives, or had been considered for foster placement at least once. In 33 cases, all multiple-child families, only 1 child in each family was being abused. The abuse usually was in the form of beatings with fists or a strap and was severe enough to cause bleeding, welts, bruises, police intervention, or need for medical care. In 34 of the homes, the beaten child was at least 5 years of age. Most of the abused children were manifesting internal turmoil by bed wetting, truanting, firesetting, or withdrawal.

Need for Joint Effort

While this study sheds some light on child abuse, it clearly indicates that much more needs to be known about the distorted views of abusive parents and the mechanisms which trigger their damaging behavior. To undertake a study of the entire problem of abused children is obviously bigger than any one profession. Satisfactory results may be obtained only through joint professional endeavor. Yet, knowing that physically abusive parents are resistive to seeking help voluntarily, additional knowledge about them will unquestionably have to come largely from some authoritative reaching-out source, such as a protective service.

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[1] Kempe, C. Henry; Silverman, Frederic N.; Steele, Brandt F.; Droegmueller, William; Silver, Henry K.: The battered-child syndrome. *Journal of the American Medical Association*, July 7, 1962.

JOB-RELATED EXPENSES OF THE WORKING MOTHER

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ANY HISTORICAL review of the contribution of wives and mothers to the economic well-being of the family will show clearly that the income-producing wife is not exclusively a phenomenon of modern society, but rather a significant part of our American heritage. Before the turn of the century, women contributed appreciably to higher family living standards through the production of clothing and food for marketing or for home consumption. Taking in boarders was another way of making money at home. In the early 1900's, 23 percent of the wage and clerical workers' families included in a cost of living survey made by the then U.S. Department of Commerce and Labor had income from boarders and lodgers.[1] Before the days of the Social Security Act with its provision for Old-Age and Survivors Insurance, many a widow supported and educated her children from such earnings.

Our present form of industrial society offers the housewife little opportunity to earn money at home, and today one wife out of every three has joined her husband as a wage earner in the labor force.[2] The employment of wives and mothers is not new; what has changed is that they are employed in increasing numbers outside the home. Such employment necessitates job-related expenditures, frequently of sizable proportions.

Today many a woman faces the question: *Should* a mother take a job outside the home? As in all decisions which relate intimately to the well-being of the family, this must be answered individually by each family. Is the plan agreeable to the husband as well as to the wife? Is the woman clear about her motivations for working and are these sound? Is she able to make good provision for the care of children? Has she calculated the extra costs entailed by her working and what the net gain to family income will be? The choice will be "yes" for one family, "no" for another, or "yes and no" for the same family, depending on its stage in the life cycle—"no" when the children are young, and "yes" when they are grown.

Among the multiplicity of motivational factors, the need for money is often given as the reason or one of the reasons for which mothers with income-producing husbands seek wage-earning jobs outside the home. In making long-range money management plans, parents usually give top priority to goals for their children's education, for better social and cultural opportunities for them than they themselves had, for maintaining or upgrading family living standards. The wife's employment can often supply the discretionary income toward such goals. Over and beyond this, however, is the fact that having earnings of her own frequently provides a wife with a measure of economic independence and more freedom to give consideration to her own needs and wishes for better clothing and for participation in social, cultural, and civic activities for which she may hesitate to spend money when all family needs must be met solely from her husband's earnings. In considering the factors which prompt a wife to seek employment, the desire for some degree of economic independence is probably not one of great importance in relation to others, but it is undoubtedly of significance to many wives.

Data from existing studies[3] and the experience of family counselors clearly indicate the complexity and variation in the reasons why mothers work, though the need or desire to increase family income is often the major reason, or closely related to the major reason, for which homemakers accept wage-earning jobs outside the home. However, dependence on such a job to solve economic problems is a questionable solution when anticipated net gain is not clearly identified and the expenses of working not taken into account, or when a family is not ready to modify the spending habits which provoked the economic problem in the first place. Take the Murrays, for example:

The Murrays applied to a family service agency for counseling at a time when their anxieties about unpaid bills and the attendant financial pressures threatened an already precarious marital relationship. Mr. Murray had steady and secure employment as a civil service employee. His income would have been adequate to support his wife and two children at a modest level only if it had been managed with great skill and there were no extraordinary needs. But Mrs. Murray, who had married when she was still in high school, had made little progress in home management. Moreover, the family had had high medical expenses and, like many of their contemporaries, the young couple had sought through the use of credit to maintain a standard of living beyond the husband's ability to support. In an effort to help meet their mounting debt, Mrs. Murray had found employment, but at the time of application to the family service agency she and her husband were completely discouraged. Mr. Murray said, "Though we're both working and have a fairly good income, we still have nothing to show for it but debts."

It was apparent to the caseworker and home economics consultant who analyzed the family income that though the Murrays had made some progress in debt payment, their method of doing so only increased family tensions. Often their payments could be made only if their rent was not paid, or their rent could be paid only at the cost of another lapsed debt payment. Despite an income of $132 weekly, the expenses the family sought to meet exceeded their income by $30. Problem areas were identified in high maintenance costs for food, medical care, insurance, and car upkeep, and in the $50 weekly debt repayment plan to which the family had committed itself.

The Murrays were able with the help of the social caseworker to reconsider needs and goals and to make necessary adaptations. This involved taking into account Mrs. Murray's job-related expenses in preparing a family budget, working out a repayment plan with their creditors to have debt payments reduced to an amount which was within their income to meet, looking at the realities of their money management, and making necessary adjustments.

The Teller family was another in which the wife went to work to cope with a problem of serious indebtedness:

Mr. Teller not only had a fairly well-paying job but supplemented this with a second job several evenings and weekends. Mrs. Teller also had a full-time job and in addition earned some income by doing clothing alterations at home. Job-related expenses were compounded by high transportation costs and restaurant meals for Mr. Teller, private nursery care for the youngest child, and high maintenance costs for running the home since Mrs. Teller had little time or energy left for home management.

The Tellers represent an extreme example of a family's choice in setting a goal for a standard of living requiring nearly all the energies of the husband and wife to meet. Nevertheless, it illustrates how some families rely on increased income to achieve unrealistic goals and to make up for poor home management practices. When families like the Tellers are not able to restrict their spending and to mobilize their capacities for better management, the purposes for which they work so hard and for such long hours have little chance of being realized.

Work-Related Expenses

There are two approaches to estimating the work-related expenses of an employed wife: (1) the use of data available from an increasing number of studies made of employment costs; and (2) the use of costs figured by home economists on the basis of scientific family budget data and consumer studies. That there is great variation in needs and money management from family to family in all areas of spending is generally recognized. This is equally true of work-connected costs. In the use of either method of estimating the expenses attached to a mother's employment, two important cost variables will be: (1) whether employment is full or part time, and (2) the cost of child care, particularly if the family includes children of preschool age.

Expenditure data from surveys of the U.S. Department of Agriculture[4] indicate that average work-related expenses take one-third of the wife's earnings and when there are school-age children the amount increases to one-half. In a recent study made by the Texas Technological College working wives had annual average earnings of $3,308 and, when they had children under 17, used 51 percent of their earnings for expenditures made necessary because of their employment.[5] Since this percentage is an average, the net gain in income would have been appreciable for some families and infinitesimal for others. Other studies have produced similar results, and confirm the need to give attention not only to the family's total earnings, but to the *net* amount the family income will be increased when a wife works. One-third of all wives who work have part-time jobs.[6] Such employment undoubtedly relieves much of the pressures from the wife who carries the dual role of homemaker and wage earner. Certain expenses related to working can often be reduced or eliminated. For example, if a mother works only during the hours her children are at school, she will not have to hire a caretaker for her children, except

JOB-RELATED EXPENDITURES OF THE WORKING WIFE IN NEW YORK CITY

Expenditure	Per week	Per year
Lunch	$4.75	$247.00
Transportation to work	3.00	156.00
Union dues	.80	41.60
Additional cost of clothing	2.55	132.60
Additional cost of personal care	.40	20.80
Additional cost of laundry	1.15	59.80
Social security tax on a salary of $65 weekly	2.35	122.20
Total	$15.00	$780.00

To this basic budget a family with children must add child-care costs. Preschool and nursery care costs in New York City range from a few dollars to $25 weekly. In families for whom such costs are $15 weekly, another $780 yearly must be added, with a resultant total cost of $1,560.[6]

when the children are ill. Other work-connected costs can be kept to a minimum when the wife has time to be a discriminating shopper and to give more care to clothing, home upkeep, and other household tasks.

In estimating job-related costs, expenses for needs essential to employment as well as those in which there is some element of choice should be taken into account. Major expenditures of the employed wife include:

• **Federal and State taxes.** Not only is the wife's income taxed but the addition of her earnings places the joint family income in a higher tax bracket.

• **Social security taxes.** Each employed person is taxed 3⅝ percent of the first $4,800 of annual earnings.

• **Occupational expenses for specific jobs.** These may include dues to unions or professional organizations, uniforms, job-related publications, and attendance at meetings.

• **Meals outside the home.** In addition to the lunches and snacks purchased by the employed wife, lunches may have to be bought by school children in the family because the mother is not at home to prepare them. Some studies have indicated that when the wife works, families eat more meals away from home and pay more for them.[7]

• **Child care.** Many day-care centers charge fees according to ability to pay, using scales which usually range from a few dollars to about $15 weekly. For other child-care provisions, the range may be considerably greater, for example, from free child care provided by a grandparent or friend to the high cost of a full-time nurse or maid.

• **Transportation.** Transportation to a child-care facility as well as to and from the job may be needed.

• **High cost foods.** Among the urban families included in the 1955 Household Food Consumption Survey of the U.S. Department of Agriculture,[7] there was little difference in the adequacy of diets between families of employed and nonemployed wives. However, the food patterns of the two groups did differ, the per person expenditure for food being about 10 percent higher in households where the wife was employed. Major differences were in the use of greater amounts and more expensive kinds of meats, poultry, and fish, of bakery products, and of other "convenience" foods. These foods are more costly than others with equivalent nutritive value, but the timesaving aspects of their use is an important factor in their choice by the employed wife.

• **Clothing.** In the families studied by the U.S. Department of Agriculture,[8] employed wives spent twice as much for clothing as those who were not employed. The working wife does need more and different types of clothing than the housewife. However, undoubtedly many wives who increase family income by earning money themselves may also feel they are in a position to satisfy a womanly desire for more and better clothes. Because the working wife has less time for shopping, clothing alteration and mending, an increase can also be expected in the cost of clothing for all the family.

• **Personal grooming.** Working wives spend more than nonworking wives on personal grooming, such as beauty parlor services. As with clothing, this may be made necessary in part by the fact of employment, but it may also be related to a wider participation in social activities among those who are employed.

• **Paid household help.** As would be expected, wives who work spend less time on homemaking than housewives and use more paid service, at a higher cost, for household tasks. The largest increase in expenditures of working over nonworking wives in the U.S. Department of Agriculture studies was for housework and commercial laundry services. These were about twice as high in families where the wife

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was employed. In families with children under 6, the prices paid for these services by the working wives were also consistently higher.

• **Other expenses.** Working wives often have extra expenses connected with their employment, such as gifts for fellow employees, employee parties, or transportation on the job not reimbursed by the employer. These vary with the job environment.

Family budgets developed by home economists in social agencies usually recognize the necessary expenditures related to working. For example, the Budget Standard Service of the Community Council of Greater New York has estimated that in New York City the fact of a wife's employment must add at least $15 a week or $780 a year to the family budget, *not* counting the costs of child care.[9] (See table on page 221.)

This standard budget does not include many of the added costs for which studies indicate the employed wife spends more than the nonemployed. Excluded are many of the "hidden" or work-connected costs revealed in the expenditure studies, which are frequently appreciable in amount—increased food costs for meals at home and eaten out, higher clothing costs for all family members, more paid household help, and the working wife's less restricted spending for personal needs.

Community Needs

The high cost of working needs to be recognized not only by the families in which wives and mothers are contemplating going to work, but also by community leaders and the agencies which serve families and children. There is urgent need for attention to:

• The scarcity of low cost, high quality day-care services for children.

Since trends in employment indicate that working mothers represent a permanent and growing proportion of the labor force, assuring that good child-care service is within their reach protects both the child and the family budget. According to a 1-day survey made by the Bureau of the Census at the request of the Children's Bureau in 1958, some 400,000 children of working mothers were left on their own while their mothers were working.[10] The recent earmarking of Federal funds for day-care services under the authorization of the 1962 amendments of the Social Security Act has provided an impetus for more adequate provision of services for such children.

• Budgetary practices in public assistance programs which fail to insure the meeting of basic family needs, including realistic and adequate provisions for job-related expenses of the employed mothers.

Pressures on mothers to seek employment must be questioned if they ignore the choices of the mothers and the needs of her children, and if net economic gain from the mother's employment is insufficient to provide an incentive.

• Health and welfare agencies' failure to take into account job-related expenditures of a wife's employment in setting fees for service and scales for determining relatives' responsibility to support a dependent family or individual.

Many families who are expected to pay fees or to support relatives are in this income class only because the total family income includes the earnings of a working wife. Adjustment in fees or support expectations should be made to take the wife's employment costs into consideration.

• Public housing for which income limits for eligibility and continued occupancy are specifically defined.

Such income limitations are usually related to family budget costs for the one wage-earner family. When the wife's total earnings are included in the income determination—without taking into account the costs of her employment—the family may become ineligible for public housing even though unable to afford other adequate housing. In at least one large city, documentary evidence of job-related costs of a wife's working provided by a social agency's home economist has been influential in securing adaptations in housing regulations to allow for adjustment of income limitations applying to families with more than one wage earner.

• The scarcity of job opportunities with working conditions feasible for wives and mothers.

The availability of more part-time jobs, for instance, would make it possible for some mothers who feel it necessary to add to the family income to find the kind of work which would permit them to meet the requirements of the job as well as their own personal needs and those of their family, without excessive expenditure of physical and psychic energy. Since work-connected costs would also be less, the economic as well as the social gains to the family in which the wife only works part time might well

be greater than in a family in which the wife is employed full time.

• The lack of sufficient skilled counseling services in some communities for families who have problems with which they need help.

Intrafamilial strains are always aggravated when the family's income is too low to meet an acceptable standard of living, but when a wife works outside her home to increase the family income, other problems often arise. We have seen in the Murray case how more strain within the family may result from the immature use of the extra income to obtain unrealistic goals. Family counseling can help families see where the strain comes from and how it is being aggravated and to take realistic steps to ease the tension. It can also deal with problems related to the wife's working that have little to do with expenditures. For example, a couple's marital balance may become upset if the wife's satisfactions at work or fatigue from the job detract from her interest in the home, or if her newly gained self-confidence becomes threatening to the husband—often the case when the wife's earnings exceed the husband's.

Many factors ought to be looked at closely in determining what a mother's working is costing or might cost her family—not all of which can be measured in dollars and cents. However, those that can be identified and estimated as budgetary items are often overlooked in the making of individual family decisions as well as in the making of social policy.

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SUBURBAN YOUTH

Whatever other expectations people have for suburbia, high on the list is the goodness of environs for family life. . . . Is it possible that in our middle-class desire to give our children "a better chance than we ever had" that we have deprived them of some of the hurdles which made us what we are? In a world which is increasingly requiring decisions which affect all peoples, can our youths so shielded from knowing other kinds of people be intelligent about the problems of the day and age of which they are a part? What kind of selves emerge when youths grow to maturity without a chance to validate conceptions of self against any others save those who are like themselves in race, economic circumstances, and general occupational backgrounds of parents? Is it possible that they are too cloistered for the citizenship demands of the world of which they are a part?

Dan W. Dodson, director, Center for Human Relations and Community Studies, New York University, to the 1962 forum of the National Conference on Social Welfare.

HALFWAY HOUSES FOR DELINQUENT YOUTH

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THE POSSIBILITIES offered by "halfway houses" in programs for delinquent youth are receiving an increasing amount of attention throughout the country. In spite of this interest, however, there has been more hesitancy to proceed in their development in this country than in many countries abroad. Noting this, Roul Tunley who has studied measures to combat adolescent delinquency in various parts of the world has pointed out that: "the youth hostel, the aftercare home, and the halfway house have all been developed abroad recently in an attempt to devise a homelike atmosphere in which a child can work, live, and study in partial but not complete freedom." [1] He reports that in some cases children are sent to such facilities instead of to a reformatory or training school. In others, the facilities "are used as a bridge to help a child back from an institution into the mainstream of life."

The halfway house has been described by many persons in various ways. But each definition agrees on the basic principle that this is a residential program, the purpose of which is to bridge the gap between a completely institutional life and a completely free life in the community. For example, participants in a recent conference on halfway houses for delinquents settled on the definition: "decentralized group living situation involving a limited number of adolescents." [2] The Bureau of Prisons, U.S. Department of Justice, refers to its halfway houses as "pre-release guidance centers." They are seen as "a means for the orderly reintroduction of the offender into the community through the use of all available community resources, together with a structured guidance and counseling program." [3]

The youth for whom programs of this nature appear most helpful are those who have no home to return to, those whose own parents are sufficiently inadequate or rejecting to give them the necessary guidance and support for a successful adjustment, those whose parents may be fostering their delinquent behavior, or those whose parents live in neighborhoods in which the youth are unable to cope with the many pressures they would face upon return.

Halfway houses as supportive services between institution and independent community life appeared first in this country not for delinquents, but for mental patients and for young people who were ready to leave child-caring institutions and who could not be placed with foster families or returned to their own homes. While small group homes for adolescents are apparently increasing, especially under the auspices of voluntary agencies,[4] the development of halfway homes for the mentally ill has apparently not been rapid. According to a survey conducted by the Joint Commission on Mental Illness and Health in 1961, only nine such residences existed at that time—and of these, seven had been developed in the preceding decade.[5]

The appearance in this country of halfway houses for delinquent youth is even more recent and scattered, the few that exist under State auspices having been opened hardly more than a year or two ago. One or two, under the auspices of large county agencies, were set up earlier. But there are increasing in-

dications that the appropriateness of this type of facility in a treatment program for deliquents is beginning to be recognized. For example, in April 1961 the Maryland State Department of Public Welfare and the Health and Welfare Council of the Baltimore Area, Inc., held a conference on halfway houses which was attended by 31 persons from local and State child-care programs. At this meeting it was pointed out that many delinquents remain in institutions longer than necessary because there is no other place for them to go.[2]

Because of this interest it is pertinent to take a look at the experience of some of the few halfway houses for delinquents which have been established in the past few years in an effort to pull out some guiding principles on how such programs might best be used.

A Girls' Residence

The New York State Training School for Girls in August 1961 opened a group residence for girls who are ready to return to the community but unable to go home or to adjust in a foster home. A four-story apartment building, formerly operated as a girls' residence by the Community Service Society of New York City was purchased by the training school. It accommodates 16 girls. In addition to the full-time director, staff consists of a full-time social worker, a housefather, three housemothers, and two part-time activity leaders.

When the program was established it was decided that two groups of girls would be accepted, those who would be attending school and those who would be employed full time. Girls were to be over the age of 16 and on parole status from the institution. After a short period of time the staff decided to limit intake to girls who would be employed full time.

The decision not to accept any more school girls arose from difficulties encountered in combining the two groups of girls with such different program needs and from the lack of experience in operating such a program. One problem arose from the fact that the school girls needed time in the evenings to do their homework, and, because they were on the whole younger than the working girls, needed to be home earlier on school nights. The school girls found these limits difficult to accept when they saw that the girls who were working were freer to go out in the evenings and were allowed to stay out later. Moreover, the fact that the employed girls had spending money and dates tended to influence school girls to leave school. However, after the staff gained confidence and skill in running the program, the agency again accepted girls who would be attending school, with no more serious difficulties.

Further complexities arose in the program, however, as girls encountered difficulty in obtaining employment. The problem apparently stemmed not only from the limited availability of employment but also from the girls' lack of job training. Moreover, some of them also had emotional problems severe enough to prevent an adequate employment experience. Thus the staff faced many difficult problems in the attempt to provide rich experiences for the girls, particularly in relation to those who were not working, for the girls became increasingly disturbed when unable to obtain or hold employment. It was concluded that additional trained counseling staff is necessary to help the girls during these periods of stress.

The experience with 18-year-old Mary illustrates some of the problems faced by the staff in this program:

> Mary came into the residence after having been in the State Training School for Girls approximately 10 months. Her mother had died when she was a little girl and she had gone to live with her maternal grandmother, an extremely rigid person. Her father, who had remarried, was critical and rejecting of her, but he did continue to see her after she had been sent to the training school.
>
> When Mary first came to the halfway house she would resist any attempt on the part of the staff to work with her. Outbursts of temper seemed indicative of her inability to trust authority. After several contacts with the accepting, supportive social worker, Mary became less explosive and more accepting of authority. Gradually she began to tell the worker of her feelings of rejection. In spite of her improvement in the residence, when the father visited he would say to her social worker, "She may be doing well but you still haven't seen her true colors."
>
> Mary did not find a job for several months after she came into the program, and the one she finally secured proved to be only a temporary "Christmas rush" position as a clerk. When this ended unexpectedly for her she became extremely depressed by an arousal of her earlier feelings of rejection. However, Mary's relationship with her social worker had by this time become extremely important to her and provided her with considerable help in weathering this depression, so that in time she was able to secure a full-time office job. After several months on this job, she began talking of an independent living arrangement and eventually moved into a rooming house. She has since attended night school, and has apparently made a satisfactory community adjustment.

The girls are encouraged to participate in social and recreational activities in the community, although many of them need considerable support from the staff to do this. They are also encouraged to bring their friends into the residence. A number

of parties and other recreational activities are held there for the girls and their friends of both sexes.

Several girls whose behavior while on parole warranted removal from their parole placement have also been taken into the residence for temporary care. Their placement there has permitted individual evaluation of the basis for their behavior and consideration of whether they should be returned to the training school, or, if not, what other plans should be made for them. Before the residence was established it was necessary to return girls who got into difficulties while on parole to the training school for such an evaluation. Several such girls after a temporary study period in the residence have been placed in new foster homes; others have received sufficient help through the program to be able to return to their own homes; and a few have been returned to the training school.

Since many of the girls in the training school are from New York City, some distance away from the training school, the use of the residence for this purpose has been very helpful. In addition, keeping the girls in the community has provided easier access to them for the girls' parents, foster parents, or aftercare social worker.

Pre-Release Guidance Centers

Pre-release guidance centers were opened by the Federal Bureau of Prisons in New York City and Chicago in September 1961, in Los Angeles in October of that year, and most recently in Detroit in January 1963. Each center accommodates a maximum of 25 juvenile and youthful offenders who remain for a period of 90 to 120 days prior to actual release into the community. By law, the only charges of the Federal Bureau of Prisons who can be placed in these centers are those who have been committed under the Federal Juvenile Delinquency Act or under the indeterminate provisions of the Youth Corrections Act. The policy is to place in them only those who have homes or release plans approved by the U.S. Probation Officers in the metropolitan areas where the centers are located.

The Chicago and New York centers are located in YMCA buildings, where wings of individual rooms with adjacent office space have been leased by the Bureau. The youth are encouraged to make use of the varied recreational opportunities afforded by the YMCA's.

The Los Angeles center is located in a building formerly part of a small college. Across the street from a large municipal park, the location is easily accessible by public transportation to all points in the Los Angeles area.

The Detroit center is located in a building formerly used by a voluntary agency as a home for dependent and neglected children. Because the Bureau of Prisons did not have a large number of youth from the Detroit area needing such placement, this center is jointly sponsored by the Bureau and the Michigan Department of Corrections, a cooperative sponsorship which also places young men in the center. Both groups are of the same age range—from 17 to 25.

Each of the Bureau's pre-release guidance centers has a trained, full-time staff consisting of a director, social caseworker-researcher, employment placement specialist, three counselors (except for the Detroit center, which has two), and secretarial staff. In the Detroit center the employment placement specialist is a staff member of the Michigan Department of Corrections.

The centers contain both high school students and employed workers, but the majority of the residents have full-time employment. Many of the latter, however, are enrolled in academic or vocational courses in evening schools.

All the centers encourage their residents to enroll in community programs, including those of religious organizations, recreational agencies, and the like. They also encourage visits of the young people with their families, on a progressive basis, in an effort to prevent the development of too strong a dependency on the center and its staff. Counseling, with individuals and with groups, has been made an important part of each center's program.

In the group counseling sessions, the group discusses adjustment problems—interpersonal relations, economic, disciplinary, or employment problems arising out of personal experiences of the young people at the center, in school, at work, or in the community at large. Both formal and informal meetings are held. One center uses films from a local public library to present social situations the young people may sometimes face—involving problems of drinking, dating, leisure time, and family life. In another center the caseworker introduces similar topics for discussion, being flexible enough, however, to allow individuals to bring up subjects bothering them.

Various community leaders have been brought in as guest speakers at these meetings—businessmen, employment counselors, teachers, armed forces recruitment personnel, union representatives, and law enforcement personnel. Following their formal re-

marks there is a discussion period during which the residents can bring up their special concerns about the subject. These have often dealt with the need for union membership in various types of jobs, requirements of job performance, appropriate appearance and manners when seeking employment, how to enlist in a branch of the armed forces, and vocational needs for employment advancement.

By August 1962, a total of 174 youths and juveniles had been placed in the 3 pre-release guidance centers. Of these, 20 youths have had to be returned to Federal institutions for further treatment and training or to State custody pending return to a Federal institution. After reviewing the histories of these 20, the Bureau's research staff came to the conclusion that they seem to be little different than the 154 who made good adjustments in this center.[6] Among the 20, the largest group failed during the first 2 months, but 3 were returned to the institution within a month. The chief difficulties among these 20 youth were in relating to persons of authority, in accepting the rules of the program, and in participating in the group sessions. Eight committed further delinquencies.

A Group Home for Boys

The Riverside Group Home for Boys, in Tacoma, Wash., was established in early 1962 by the Bureau of Juvenile Rehabilitation, Washington State Department of Institutions, for the purpose of caring for boys ready to leave the State's institutions and camps for delinquents for whom there were no placement plans. It is located in what was once the superintendent's residence of a Federal hospital for Indians which is now in the process of conversion to a State juvenile reception-diagnostic center for all delinquent youth committed to the State Department of Institutions.

The home accommodates a maximum of 15 boys. Its staff includes a supervisor, four counselors, a cook, and a part-time secretary. The boys remain in the home from a week to several months, depending on the length of time necessary to find them suitable independent community placements. Some boys attend regular public school classes, others take vocational training, and still others are employed full time during the day.

In operation, the Riverside Group Home is similar to the halfway houses already described. Plans are to continue to operate it as an independent program even after the new reception-diagnostic center opens, and the staff does not anticipate any difficulty in this direction. However, the question might be raised as to whether a residence situated in the grounds of an institution is "halfway" or "quarterway" between the institution and the community since the proximity to the institution may keep the residents from feeling really separated from it. This may not be a serious problem with the Riverside Group Home since the majority of the young people at the home will come there from the State's training schools and camps rather than from the reception-diagnostic center. However, when a halfway house is situated near an institution, it is especially important for it to have a noninstitutional appearance and for every effort to be made to involve its residents in community activities.

A halfway house in Tacoma, Wash., for boys on their way back to community life from an institution for delinquents.

Some Observations

The experiences of the few agencies which have established halfway houses for delinquent youth will undoubtedly prove valuable to others interested in strengthening their aftercare services for delinquents. From these have been derived the following observations:

• ***The term "halfway house" is never part of the residence's name.***

Administrators and program planners, though commonly using the term "halfway house" in discussing their facilities, regard the term as unsuitable for public use for a number of reasons. For one, there is difficulty in getting the community to understand that young people are sufficiently healthy and safe to be at large in the community if they are living in

something called a "halfway house," since the term seems to imply that the resident is only "halfway" ready for community life. Another reason, related to the first, is the fear that such a home will aggravate neighborhood resistance to being the location of a facility regarded as a possible threat to a favorable neighborhood image. For example, a residential center for emotionally disturbed children on the west coast had to sell a building bought for a halfway house because the neighborhood became aroused at the prospects of having such children in its midst. Thus, the trend has been to name these facilities group homes, pre-release guidance centers, transitional homes, and the like.

• *Community relationships are important.*

A successful halfway house program depends in part upon sympathetic community understanding. Efforts to gain such understanding begin long before the residence opens. For example, when the first halfway houses for discharged mental patients were being established, a period of at least 2 years was regarded as necessary for planning and community preparation. As such facilities become more widely accepted as essential to a total treatment program, the period of preparation can be shortened.

As soon as the decision as to location is made community interpretation should begin. This should focus on: the need for the program, the kind of young people who will be living in the facility, and the importance of community contacts to their successful adjustment to community life. It is especially important to obtain the cooperation of religious, recreational, and educational groups in extending a welcome to the young people, and including them in their programs. But it is also important for the people who live or work in the neighborhood to be knowledgeable and accepting of the program and its clientele. Otherwise the program may have to be terminated or moved to another neighborhood. This has happened more than once.

Some agencies have found it helpful to establish a citizens' committee which can work with the director to facilitate the community's acceptance of the halfway house. Such committees often also help the staff find employment for the residents and community activities in which they can engage. The committees can best facilitate acceptance of the programs if they are representative of the business, racial, religious, and professional groups of the community.

The Bureau of Prisons has found committees of this nature very effective in connection with its pre-release guidance centers in Chicago, Los Angeles, and New York. They consist of 8 to 10 persons in key positions to be helpful to the centers' staffs both in advising on program and in gaining community acceptance. For example, the Chicago committee consists of a member of the U.S. District Court; the chief probation officer of Cook County; the program chairman of the Chicago YMCA Council; a staff member of the School of Social Service Administration, University of Chicago; the executive director of the John Howard Association; the president of the coordinating council of the AFL–CIO; the former executive secretary of the Chicago Church Federation; and the captain of youth services of the Chicago police department.

• *The halfway house is but one type of facility needed in a diversified program for delinquent youth.*

The current interest in establishing halfway houses for delinquent youth is due in part to the growing interest in the development of diversified services and facilities for the care and treatment of delinquent children and youth. A diversified program meets the problem of overcrowding in institutions, permits the establishment of more homogenous treatment groupings of young delinquents, and assures them individualized care and help.[7] Besides the halfway house, other facilities in a truly diversified program for delinquents besides basic child welfare services, are detention facilities, diagnostic study centers, small residential treatment centers for seriously disturbed children, coeducational facilities for various age groups, foster homes, small group homes, and forestry camps.[8]

• *Various kinds of physical plants lend themselves to becoming halfway houses.*

Large private dwellings, series of urban row houses, and sections of apartments or agency buildings such as YMCA's are being used for this purpose.

The kind of plant needed depends on the number of young people to be served and the kinds of program activities to be included. Although no standard has been established regarding the advisable capacity for halfway houses, they generally are planned to accommodate groups of from 10 to 25 young people. Since the focus is on the improvement of social rather than vocational skills, areas for workshops and vocational programs are generally not necessary.

• *The clientele of halfway houses generally consists of young people who are ready to return to the community but who cannot return home, who are unable*

to accept foster home care, and who are not yet ready to live independently.

Experience has shown the importance of careful consideration of the composition of the resident group by setting up criteria for selection. Such criteria will vary according to the program and focus of each house. A pertinent observation, however, is that "the closer the needs of the individual children . . . the easier it is to program for them individually and collectively. The wider the range of needs, the more difficult it is to use the group home constructively." [4]

An important criterion for all halfway house placements, however, is that the young people have sufficient inner controls to manage independently away from the house and its staff. Thus the young people placed in a halfway house set up for employed youth must have sufficient ability to function in an occupational role; and the young people who will be attending school while living in a halfway house must have the capacity to get along in a regular community school.

When an institution and a halfway house are operated by the same agency, the selection of the young people to be placed in the halfway house is generally made by an appropriate training school staff committee. On the other hand, when an institution and a halfway house are operated under different auspices, the halfway house generally has its own intake committee to decide upon the admission of individual youth referred to it from institutions, either directly or through their parent agency.

A Critical Need

One of the most serious gaps in programs for the rehabilitation of delinquent youth is in the aftercare of the delinquent in the critical period following his release from the institution. This gap was documented in 1962 in a report prepared for the Governors' Conference Committee on Juvenile Delinquency, based on information received from across the country from State agencies responsible for the care of delinquents.[9] According to this document, 35 States, Puerto Rico, and the Virgin Islands have reported a serious need for more aftercare services including halfway houses, group foster homes, short-term residential facilities, enlarged and more specialized parole services, and increased treatment rehabilitation and placement facilities.

The dearth of aftercare programs for delinquent youth has also been spotlighted recently by the National Conference of Superintendents of Training Schools and Reformatories, which has described such services as the weakest link in the entire chain of treatment of juvenile delinquents.[10]

Those agencies which are establishing halfway houses—unfortunately still only few and far between—are making an important contribution to the strengthening of that link.

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The old conception of even-handed justice that each offender should receive exactly the same treatment is not the test of justice in the juvenile court. . . . In the juvenile courts children are all treated alike only when each is treated in accordance with his needs.

Grace Abbott, former chief of the Children's Bureau, in* The Child and the State, *Vol. II, 1938.

An essay review . . .

INDEPENDENT ADOPTIONS— TEN YEARS LATER

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A NOTEWORTHY milestone in child welfare research is "Independent Adoptions,"* a recently issued report of a large scale, many-faceted followup study of 484 independent adoption placements made in Florida during the years 1944 through 1947. There were then few agency resources for placement in the State and consequently less likelihood that selective factors might distinguish agency from independent placements than in a locality in which more resources for agency placements were available. The sample of 484 adoptions constitutes a sizable proportion—about 30 percent—of all adoption petitions granted in the State in that period. Data were gathered during 1956 and 1957, approximately a decade later. This research was undertaken jointly by the Florida Department of Public Welfare, the Russell Sage Foundation, and the United States Children's Bureau.

The questions posed were:

1. How do the independent adoptions made under the Florida system about 10 years ago seem to be working out?

2. What, if any, factors in the adoptive home, in the adopted child and his background, in the way the adoption was arranged distinguish placements that work out well from those that have an unsatisfactory outcome?

3. Which, if any, of these factors are determinable at the time of the social investigation, and on what sorts of evidence can a determination be made?

A wide variety of research instruments was used. An adequate description of all of these instruments and a report of the methodological considerations involved in their use would require several times the space allotted to this essay review. Similarly, the few highlights from the findings which will be given cannot do justice to the many kinds of analyses of data which were made. The whole book deserves thorough study by every person seriously concerned with child welfare issues and problems, for the materials have implications broader than adoption.

All but about 10 percent of the adoptive mothers of children in the sample consented to an interview. Adoptive fathers were present for the whole or part of about 35 percent of the interviews but interviews with the fathers were not systematically sought. Since the vast majority of these children were placed in early infancy, at the time of the study most of them were preadolescents.

Homes were rated and classified as to some specific factors and also as to their "quality," these ratings being based on interview content. The interview covered information about the child's placement, socioeconomic data, health, and expressions of satisfaction or dissatisfaction with the adoption.

Adopted children in the sample were located in their schools and classrooms through the cooperation of the State Department of Public Instruction. In eliciting the cooperation of teachers, the study was not identified as research pertaining to adoption but rather as research in child development. From the school's cumulative records, results from intelligence tests and achievement tests were noted when these were available. In addition, certain tests were given to all the children in the classes of which the child was a member; others were given to the adopted child and four other children from his classroom, one of these four having been chosen as a control, matched with the adopted child on the bases of race, sex, and socioeconomic status.

These elaborate procedures protected the confidentiality of information concerning the identity of adopted children and safeguarded against the teachers' ratings being influenced by knowledge of the child's adopted status. However, an issue somewhat different from confidentiality may be involved here. This is a question rather of the *right of access to information.* Without the knowledge of adoptive parents, and whether or not parents had agreed to be interviewed, data from and about their children were secured.

Some Confusion

The division of this book into two parts creates a somewhat curious impression and some confusion as to the respective roles of the four co-authors. Part One, "The Followup Study," has 14 chapters, the last being called "In Conclusion." Part Two, called "Some Methodological Problems and Their Implications," has an introductory note and two chapters. Dr. Weinstein is its sole author.

One might think from the title of the second part that methodological prob-

*Witmer, Helen L.; Herzog, Elizabeth; Weinstein, Eugene A.; Sullivan, Mary E.: Independent Adoptions: A Follow-up Study. Russell Sage Foundation, New York. 1963. 463 pp. $7.50.

lems had not been discussed in Part One. But such is not the case. A great deal of attention is paid there to the logic of the research design, to the methods of analyzing data, and to the difficulties in their interpretation. Part Two, however, raises new methodological questions, some of which challenge the use of the interview method and the reliability and validity of data thereby obtained. Some specific suggestions are made which would have modified the research design. Dr. Weinstein regrets that parents of the control group were not also interviewed and their ratings compared with the ratings of the adoptive parents.

One might also suppose from the title of Part Two that *only* methodological questions would be discussed but this is not the case either. Rather, new interpretations based on other forms of data analyses are presented, including a correlation matrix which intercorrelates 38 items of information yielding 703 correlations.

This reader wishes for one more, just *one* more "correlation," in the dictionary sense of "the act of bringing under relations of union or interaction" the two parts of the book. Were the Weinstein material integrated into the appropriate chapters of Part One, the methodological problems raised could be seen in better perspective, repetitious material could have been deleted, and the new analyses might have been more effective.

However, the division apparently reflects a divergence in philosophical approach among the authors. The statement is made in Part One:

> . . . The general climate of the home, the quality of the adoptive parents' marriage, the personality makeup of the mother, the quality of her and the father's relations with the adopted child are intangible and elusive. . . . Nevertheless, the relations between these elusive variables and the children's overall adjustment, assessed independently, were stronger than the relations between overall adjustment and any of the overt characteristics that can be determined with greater accuracy. . . . the overt, easily recognized characteristics of would-be adoptive parents and their homes cannot be relied on heavily for determining whether these people could offer a child a good opportunity to develop to his full potential.

A footnote refers to a "divergent view" presented in Part Two. This turns out to be:

> . . . focused detailed description rather than professional assumption may be a more effective approach to the problem of evaluation. Future studies of adoption outcome would be well advised to make adequate provision for obtaining reliable data on specific aspects of parental attitudes and child-rearing practices as well as more general 'psychodynamic' characterizations.

The response of future researchers to Dr. Weinstein's reproving advice must depend in part upon the purpose of the research. If a continued aim is to seek further clarification of the third question that this study posed for itself, which in brief was, *Are there factors predictive of outcome which are determinable at the time of the home investigation?* then the ultimate purpose is to use knowledge of such factors to prevent the placement of children in unsuitable homes. In that case, the "data on specific aspects of parental attitudes and child-rearing practices" would not yet have come to pass at the point at which the home study is made.

Predicting outcome, prior to placement, is necessarily dependent upon evaluation of qualities which are present in the persons and the situation when no child is there upon whom the effect of the manifestation of these qualities can be observed. These perhaps are those "less tangible and more elusive characteristics."

Independent vs. Agency Adoptions

A study such as this, involving large numbers of persons and situations, provides a sharp reminder that predictions in social work must be statements of probabilities, not guarantees of outcome. This study does not attempt to measure the success of independent placement as compared with those arranged by social agencies, yet undoubtedly this question will plague the thoughts of most readers.

Hopefully child welfare workers have grown beyond the need to try to convince themselves and a skeptical public that all independent adoptions will turn out badly and all agency placements will be successful. A more likely common sense prediction would be that: given the fact that the vast majority of babies are born with the potential for normal development, and the likelihood that most people wishing to adopt a child have the capacity for parenthood, the probabilities are that the majority of adoptions will work out reasonably well whether arranged independently or by agencies.

The scientific question then is, *Which system provides the better probabilities for successful outcomes?* If it be assumed that agency placements provide better probabilities, then the practical social policy question arises as to whether the difference in probabilities warrants the "infringement" upon the "rights" of the individual to adopt or justifies the expenditures of monies and resources of personnel.

Some Findings

What were some of the findings of this provocative piece of research? The vast majority (85 percent) of the adoptive parents found "unqualified satisfaction" with the adoption outcome. However, according to the home ratings 46 percent of the children were in homes rated "excellent to good," 25 percent were in homes rated "fairly good to questionable," and 29 percent were in homes rated as "poor."

There are no comparable ratings for the homes of the children in the control group, but this study assumes that adoption laws intend to insure, insofar as possible, that children placed in adoption will have *better* opportunities for development than those provided for children by the normal distribution curve of familial circumstances and parental capacities among parents rearing their own offspring.

It is hazardous to assay a summary comment about the proportions of children at the various adjustment levels, for a variety of combinations of tests and other data were used to derive overall ratings; and these different combinations yielded different results. A more meaningful summary comment is that the adopted children were found to be somewhat less well adjusted than the children in the control group, but that most of these differences disappeared when comparisons were drawn only between those children placed in adoption at less than 1 month of age and the children in the control group.

Good adjustment rates were associated with being in a home with a good rating: 84 percent of the children in homes rated "excellent" or "fair" had

ratings of "well adjusted" or "fairly well adjusted" whereas only 16 percent of the children in such homes had the lower adjustment ratings. However, it seems that a good home is more strongly predictive of a good adjustment rating than a poor home is predictive of a poor adjustment rating, for while 54 percent of the children in the homes rated as "poor" did have the lower adjustment ratings, nonetheless 46 percent of these children attained ratings of "well adjusted" or "fairly well adjusted."

For certain categories of children—those placed after 18 months of age, those with adverse experiences prior to placement, and those with health problems—the quality of adjustment was more highly influenced by the quality of the home. Yet, unfortunately, these were the very children who were found to be "unusually likely to get into poor homes."

This suggests another policy issue concerning the deployment of our scarce professional services. If it be known that in certain kinds of situations, outcomes are likely to be predominantly satisfactory with or without professional intervention, whereas in other types of situations the probabilities for successful outcomes without professional services are less good, to which of these two sets of circumstances shall the short supply of professional help be directed? In connection with this it may be observed that at the present time our private agencies, which usually have better trained staff than most public agencies, are placing proportionately more young babies for adoption, and that public agencies are placing proportionately more older children.

Much valuable information has been set forth in this book. Moreover, the thorny problems encountered in the analyses and interpretation of data renew our appreciation for the fact that such words and phrases as "marital relationship," "parental capacity," "adjustment," and "potentials for development" are not unitary concepts. It is as important for social work practice as for research that the diverse elements encompassed within these multidimensional concepts be defined.

Continued research can further an understanding of the relative weights to be attached to these elements in accordance with their tested strength in balancing and counterbalancing other elements. Human situations are characterized by multiple causation and multiple effects. In social work practice there can be no escape from the necessity of understanding specific phenomena within the context of the whole. This study has not attempted to escape this necessity by the easy solution of the fragmentation of data.

Guides and Reports

TODAY'S CHILD AND FOSTER CARE. Child Welfare League of America, 44 East 23d Street, New York 10. April 1963. 62 pp. $1.25.

The five papers from the League's 1962 Eastern Regional Conference which comprise this booklet focus on meeting the individual needs of the child in foster care, services to the foster child's own parents, the development of a group home, recruitment and service to foster parents, and the essentials of a foster care program.

PROFESSIONAL EDUCATION FOR MATERNAL AND CHILD HEALTH. American Public Health Association, 1790 Broadway, New York 19. 1963. 157 pp. Single copies available on request from APHA.

The report of a conference on maternal and child health teaching in graduate schools of public health held in Minneapolis, Minn., March 1962, under the joint auspices of the Children's Bureau and the American Public Health Association's Committee on Relationships Between Schools of Public Health and Maternal and Child Health and Crippled Children's Services. (See CHILDREN, July–August 1962, pp. 166–167.)

BRIEF AND INTENSIVE CASEWORK WITH UNMARRIED MOTHERS. Child Welfare League of America, 44 East 23d Street, New York 10. April 1963. 41 pp. $1.

The first of the two papers included here, from the 1962 forum of the National Conference on Social Welfare, discusses casework with unmarried, first-time pregnant girls and women, with the emphasis on rehabilitation and prevention of recidivism. The second presents techniques for making the brief, initial contact with unmarried mothers a positive experience.

CUMULATIVE INDEX TO NURSING LITERATURE. Edited by Mildred Grandbois and others. 1962 January–June and July–December Supplements. Glendale Sanitarium and Hospital, P.O. Box 871, Glendale, Calif. 1962 and 1963. 102 pp.; 107 pp. For two semiannual parts, $10 to subscribers or $12.

These are the third and fourth semiannual cumulations covering literature pertinent to nurses. Each supplement contains about 3,500 references to articles which appeared in over 35 nursing, medical, and hospital journals during a 6-month period, indexing alphabetically by author, subject, and then cross-referenced, and also including a list of the journals indexed.

THE MARYLAND COMMISSION FOR CHILDREN AND YOUTH REPORT ON THE OUT-OF-SCHOOL, UNEMPLOYED YOUTH. Maryland Commission for Children and Youth, 301 W. Preston Street, Baltimore 1, Md. 1963. 32 pp. Single copies free on request from the Commission.

An illustrated report on the major aspects of the problem of unemployment among young people in Maryland, based on material gathered by the Commission in 3½ years of inquiry into the problem and on the findings of a statewide conference held under the Commission's auspices in 1962.

Some highlights of a national conference focused on . . .

FACTS AND MYTHS ABOUT RURAL YOUTH

KATHRYN CLOSE

FACTS AND MYTHS about rural youth, their culture, their needs, their prospects, and their desires came under intensive scrutiny for 3 days in mid-September at a National Conference on Problems of Rural Youth in a Changing Environment, held at Oklahoma State University, Stillwater, under the sponsorship of the National Committee for Children and Youth.

In its composition, origin, and focus, the conference itself supported one of its major outcomes—recognition of the interdependence of rural and urban life. Its participants were 500 persons who function from national, State, and grass-roots levels in the various fields which bring services or opportunities to young people—members of the professions concerned with education, health, welfare, recreation, job placement, and religion, and representatives of industry and labor—as well as a few rural youth themselves. Its focus was two-way: on young people growing up in areas of vanishing family farms, shutdown mines, or automated lumber camps; and on the country bred youth arriving in the city in search of a job. Its origin was a finding of the 1961 Conference on Unemployed Out-of-School Youth in Urban Areas (see CHILDREN, July–August 1961, pp. 151–152) that many of the out-of-school and out-of-work youth in our large cities come from rural communities where they have been ill-prepared for city life and work.

The facts of life confronting rural youth were available for all to see in 59 background papers on various aspects of rural economic trends, population characteristics, and educational, social, and health resources, prepared for the conference by experts on these subjects. Among those facts most frequently referred to from the platform and around the work-group tables were: only 1 out of 10 youths living on farms today can expect to make their careers in farming; training for nonfarm work is not available in many rural communities, and nonfarm jobs for the unskilled are rare; social, health, vocational guidance, and job placement services are inadequate in many rural communities, and nonexistent in some; half the 30 to 40 million persons in this country who live below the poverty line live in rural areas; educational attainments are lower among rural than among urban adults.

Along with these facts went descriptions of pockets of dire poverty and youth-abandoned communities across rural America—"In northern Minnesota the young people who are left don't even have jingling money." "In Clay County (Ky.) one-third of all the children are not in school."

Thus the American "myth" of the healthful simplicity of rural life was challenged. But many of the conference participants who bore testimony to the complex problems confronting rural youth today spoke feelingly of the values they had found in life on the land.

"There I learned responsibility in growing," said a 19-year-old participant in a youth panel in telling of her family's reluctant decision to give up their small dairy farm in the Ozarks.

Expressing faith in young people's ability to overcome adversity, the conference chairman, Winthrop Rockefeller, of Winrock Farms, Ark., in the opening address quoted from replies to a poll of youth's opinions, arranged for the conference, which seemed to indicate that young people had more faith in their parents, themselves, and the future than they were credited with by the "experts"—in this instance the conferees themselves, who had also participated in the poll. He maintained that young people are not frightened by the challenge of the rapid scientific advances which have taken place since World War II. Calling on the conferees to take a positive attitude toward youth, he suggested that community activities be tailored "not only to accommodate youth and their growth but to stimulate it on a realistic, sensitive, and dynamic basis even if it forces our adjustment to new mores."

Accent on Jobs

In its 5 general sessions (one a banquet, one a luncheon), 20 work groups, and 7 simultaneous "topical luncheons," the conferees looked at many aspects of rural life as they affect youth—employment, education and training, physical and mental health, problems of minorities, juvenile delinquency, community and family life—but almost invariably the discussion turned to opportunities and preparation for e m p l o y m e n t. There was apparently general agreement with Esther Peterson, Assistant

Secretary of Labor, when she said at the conference luncheon: "All the things we talk about come down to jobs, just plain jobs."

While acknowledging the benefits of technical change, Mrs. Peterson spoke of the "devastating effects" on those lacking the training or education to fit into the new economy. Among the 700,000 young people between 16 and 21 who are out of school and out of work, an "excessive proportion," she reported, are rural youth, many of whom have crowded into city slums. Likening the unemployed and marginally employed to an "underdeveloped country" within a highly prosperous nation, she called for support of various measures to help meet the problem—a vital program of continuous upgrading of skills, a minimum wage for farm workers, a youth conservation corps, a hometown youth corps, a national service corps.

"The full impact of the youth employment problem is yet to come," predicted Samuel V. Merrick, Special Assistant to the Secretary of Labor for Legislative Affairs, giving estimates that 5½ million new young workers are expected to enter the labor force between 1963 and 1965. He stressed the importance of education and technical training for farming and "agribusiness," the industries peripheral to farming, as well as for city employment, but he warned against too narrow a conception of training "in a society in which 8,000,000 people change jobs in a single year."

A sense of urgency for finding a way to head off or better prepare young city-bound escapees from a rural stalemate seemed to pervade the conference. In one workshop a participant told of an employment office in a midwestern city which sees as many as 2,000 young in-migrants a week, "lost souls" who have arrived in the city without resources and without skills. "I wish people could see this thing—wish parents could see it—wish rural school boards could see it," he said.

This workshop sought ways of providing for a better flow of information between city employment services and rural communities so that the young job seekers would not arrive all at once, as they do in June at a time when few jobs are available. The participants seemed to agree that besides information about job trends it was important to get across two points to young rural people and their parents: (1) living in the city is different; (2) jobs today require proper preparation.

It was also pointed out that greater efforts might be made in urban communities by the churches, other youth-serving organizations, and governmental agencies to reach out to newly arrived rural youth to help them adjust to city life.

Some conferees, suggesting that there might not be enough jobs to go around even "if everybody gets trained," saw a need for measures to increase the total job supply. Others expressed great hopes in the technology's tendency to create new types of jobs—"50 percent of the boys and girls in school today by the time they reach retirement will be holding jobs that do not now exist"—in the trend among some industries to establish plants in rural areas "where the manpower is," and in the vast new highway systems that make the combination of city working and country living possible. A few questions were raised as to the effects of industrial decentralization on wages, and on family life in those rural areas where new industrial plants supply jobs chiefly to women. One workshop participant, saying he knew of many communities where "the women have jobs, but the men have nothing to do but pick up the kids after school," asked: "What kind of an image of their fathers will these kids have?"

Education, Training, Counseling

If the conferees believed in a panacea for the employment problems of rural youth, it was one with three heads—education, vocational training, and counseling. In rural areas, they had learned from the background papers and in many instances from firsthand experience, schools are often inferior both in program and teacher skills, especially where there has been resistance to the trend toward consolidation; school terms are sometimes shorter in order not to interfere with the harvests; parents' educational attainments and their educational aspirations for their children tend to be lower; lower proportions of rural than urban youth continue education beyond high school; secondary education programs are often geared only to college preparation, and vocational education and counseling, where they exist, to farming.

In one workshop the participants discussed the dilemma of providing schools large enough to offer the kind of enriching, remedial, and counseling programs that tend to keep children in school, yet not so far from the homes of those who live in isolated areas to discourage attendance. For example, what do you do in a State like Nebraska, where, although the average rural high school has an enrollment of only 75 pupils, some students still live as far as 35 miles away from their school? Devices mentioned as being used in some areas to improve programs in small schools were: mobile services—remedial reading, counseling, art and music instruction, family living courses—provided on a cooperative basis between school districts; closed circuit television programs; and motion picture libraries.

While consolidated schools, it seemed to be generally agreed, are in a better position to provide good teachers and programs, they face a problem of losing students from outlying areas who "do not have a sense of belonging." The blame was put on rigid school bus schedules which keep these students from participating in extracurricular activities. Many such students, it was reported, come from homes where education is not highly prized and so, without any feeling of ties to the school, they tend to drop out as soon as possible.

Understanding and skilled teaching were described repeatedly in the conference as basic to an effective education program. One young workshop participant bore witness to this by telling of how a high school teacher had helped him to "find himself." Now a freshman in college, he reported he plans to become a school counselor.

Rural youth's lack of access to differentiated educational programs, both at the high school and post-high school levels, received considerable attention. Among innovations suggested for solving problems of access and quality were the establishment of area technical schools, as in North Carolina, and junior colleges, as in Florida. After Florida opened its junior colleges, a workshop participant noted, the proportion of the State's high school graduates who went on to higher education rose from 7 to 41 percent.

Other Services

The interrelated problems of assuring both access and quality in service also received major attention in discussions of other needs in rural areas—informal

educational programs, health services, programs for the physically and mentally handicapped, social services to prevent juvenile delinquency, court services.

For example, in a discussion of health services, it was pointed out that although maternal death rates had been found to be higher in small community hospitals than in large well-equipped and staffed hospitals, "every little community wants its own hospital." The suggestion was made that the accessibility to towns and cities provided by our modern highway system makes it feasible to concentrate on the provision of high quality service in fewer but larger hospitals.

State regional detention plans were suggested as one way of helping to solve the problem presented by the 100,000 children estimated to be held in jail annually in the United States, many of them in rural areas. However, it was also pointed out that other than formal detention arrangements could probably be made for most of these children if the communities took an interest in them.

Statewide family court systems were also suggested. Juvenile courts might just as well not exist, it was maintained, if, as is often true in rural counties, their judges have backgrounds in neither law nor social problems, and if they do not have social services available.

Getting the services that rural areas need, it was often stated, depends on community involvement and organization—a factor sadly lacking in many rural areas needing services most. "A community has to be organized to ask and get outside help," one participant commented, "and those that are so organized need the help the least."

Young people, as well as adults, have a responsibility for helping to improve their communities, some conferees suggested, a role which makes for good mental health but needs some stimulation through adult guided youth service programs. But it was pointed out that while 4-H clubs, Scout troops, Future Farmers of America, and other groups help many rural young people in this regard, in many isolated areas no such programs exist.

"In my community there aren't enough of us young people left to form a youth group," said a young workshop participant.

The proposed National Service Corps was suggested as a channel not only for bringing needed services to young people in distressed rural areas, but also for helping them to learn ways of serving their communities.

Equality of Opportunity

One "myth" attacked in one of the background papers was the concept of a youth subculture. Youth, said the authors, represent not one but many cultures, based on different bodies of experience and hence reactions. Thus the conference looked not just at rural youth in general but at the youth of the various minority groups in rural America—Negroes, Indians, the Spanish-speaking—and a group including all of these, migrant farm workers. All the disadvantages and problems that they found accruing to rural youth generally, they found in greater intensity among these groups.

Chief among the problems named as common to these groups was discrimination—in employment, in education, and in all types of community services. Lewis W. Jones, sociologist of Fisk University, a speaker at one of the topical luncheons, predicted that when the "legal and customary restrictions on the range and depths of Negro participation in American life" are finally lifted "the disabilities which have resulted from decades of neglect of Negro youth will become glaringly apparent."

The inconsistencies in a society which blames these disabilities on the persons suffering them instead of on the restrictions which created them were discussed in one workshop. There it was suggested that studies be made of current systems for the distribution of jobs, for the marketing of housing, and for the provision of services, in an effort to make "visible" the source of many of these conditions.

A vicious cycle facing all discriminated against minorities was described: The basic need of all is for jobs, but the jobs of today require education and the motivation for education is often lacking because job opportunities are so scarce. Reservation Indians often seem particularly lacking in motivation, it was reported, or at least in motivation for the kind of "success" which is important to white men. With Indians as well as with Spanish Americans, it was pointed out, a major problem is finding a way into the dominant culture and economy without losing the values of their own cultures. Said one participant: "If the Indian's culture requires him to share, why should we be shocked when he gives away everything he gets?"

What minority groups need now, more than one participant suggested, are opportunities that are *more* than equal to those of whites "to make up for hundreds of years of discrimination."

Children of migrant farm workers were described as suffering all the disadvantages of discrimination plus a special lack of stability in family, school, and community life.

How to get the unresponsive socially isolated segments of the rural youth population into youth activities and services came in for considerable discussion, with the frank acknowledgement that until recently most youth-serving agencies had not made much of an effort in this direction. The question which arose was: Could these programs be redesigned to fit the youth instead of expecting youth to fit the program? One participant, long associated with a large national youth-serving organization, went so far as to suggest that if shortages of staff and money forced a choice between the long-served middle class and the long-neglected disadvantaged groups, perhaps the service should go where the need is greatest. What happens, it was generally agreed, would depend on community attitudes and the quality of community leadership.

Brooks Hays, Special Assistant to the President of the United States, speaking at the conference banquet, called on the assemblage to make special efforts to "find ways to condition people to understand" the urgency of bringing equal opportunities in education, health, and all areas of life to all the youth of the land. "The impact of a disease germ upon an undernourished child is an act of violence," he said. "We must not rest until we have eliminated this and all other types of discrimination."

Stimulating Action

In one of the work groups a youthful participant asked: "But what can I do about all these problems?" She was told: "Take the facts back to your community."

The facts referred to were of two types—the alternatives facing youth in rural areas and the possible resources for improving them. Channels for get-

ting the facts across and doing anything about them were admitted to be few in many rural areas, especially those so depleted of populations that "churches, schools, and lodge halls have been abandoned, leaving a void for those who remain." In many places, it was suggested, a "strategy of self-help" would have to begin with the development of indigenous leadership. State Committees on Children and Youth were named as an effective channel for awakening community awareness to the problems and stimulating community action.

The directions this action might take were spelled out in 250 recommendations prepared by the 20 work groups. As synthesized by Russel G. Mawby, assistant director of the University of Michigan's Cooperative Extension Service, for the final session of the conference, these had 10 major goals. The goals, and a few of the specifics mentioned by Mr. Mawby were:

1. *To increase awareness of the problems of rural youth:* the assumption of specific responsibilities by State delegates to the conference, who would report back to the National Committee for Children and Youth.

2. *To mobilize the rural community for action:* the evaluation and adjustment of programs to meet changing needs; coordination of voluntary and public efforts; innovations in administration to meet the particular needs of rural areas.

3. *To strengthen the schools:* improvement of vocational courses; flexibility and enrichment of curricula; the provision of post-high school training opportunities; special programs for the handicapped; teacher training and in-service efforts to improve the quality of rural school staff; organization for larger area administration.

4. *To initiate and expand related educational programs,* to be coordinated with school programs and to reach parents as well as youth.

5. *To improve programs in guidance and counseling,* to be extended to parents as well as youth, through the schools, but with the cooperation of local, State, and Federal resources.

6. *To expand opportunities for employment,* through measures to boost the general economy, to bring industries to rural areas, to extend minimum wage provisions to agricultural workers, and to encourage the maximum use of local labor in agriculture.

7. *To provide necessary community services:* innovations to reach people in thinly populated areas and also migrants; interprofessional planning for juvenile delinquency prevention; the establishment of minimum qualifications for judges and court services.

8. *To foster moral and spiritual values:* the participation of churches in community efforts to achieve a complete program for rural youth; new patterns of cooperation between the various denominations.

9. *To assist in adjustment to urban living:* the provision of occupational information to rural youth before they leave home; the formation of intergroup committees to serve as community youth commissions on employment and guidance; efforts to interest urban churches in rural in-migrants.

10. *To conduct appropriate research:* a study to determine the problems of rural youth in urban areas.

The Meaning

Two sharp paradoxes were revealed by this conference, according to Paul V. Miller, president of the University of West Virginia, who at the final session presented his analysis of what the conference had meant. These paradoxes he identified as: (1) the differences between belief and fact in regard to the quality of rural living; and (2) the depletion of institutions and services in rural communities in a time of great agricultural investment and advance. The predominant emphasis on the technical in our rural development, Dr. Miller said, has created an imbalance between our physical and human resources. Yet frustrated agrarian leaders are resistant to the innovations and educational improvements which might help to restore the balance, he maintained. "Too many hope that a new shirt factory in the community will do it. It won't."

"The chief value of what we may have learned here," said Dr. Miller, "is the interdependence of rural and urban areas in modern life. . . . the need to accept a less dogmatic concept of the community." He called for "a richer view of an enlarged geographical life," for a questioning of assumptions about ways of living and working, for a look at the possibility of consolidating political entities, for rearrangements of programs and personnel which deal with people.

The highways and communication systems of modern times, Dr. Miller predicted, will eventually eliminate the usefulness of the terms "rural" and "urban." Maintaining that the "by no means meagre" resources of this country should enable us to accommodate to this change, he pleaded:

"Let us help ourselves and others to live at the level of our time."

The response to Dr. Miller's plea, a standing ovation, indicated that there were many people in the audience who at least intended to try.

We press feverishly to conquer "outer space" while we leave unattended vast social areas of unconquered inner space. Too little thought and analysis have been directed toward assurance that individuals, particularly youth, are provided the opportunities and nourishment required for inner balance and security in a dynamically industrialized, technological age.

James R. Dumpson, New York City Commissioner of Welfare, at the 1961 meeting of the American Public Health Association.

AMONG THE STATES

The 1963 harvest of State legislative actions throughout the Nation included many measures affecting children. These were concerned with:

The Battered Child

Ten States created laws to protect the child who is physically abused by parent or other caretaker: *Colorado, Florida, Idaho, Indiana, Minnesota, Ohio, Oklahoma, Oregon, Pennsylvania,* and *Wyoming. California* already had such legislation, which was noted in developing the guide for State legislation requiring medical reporting of suspected child abuse, recently released by the Children's Bureau. (See CHILDREN, September–October 1963, page 202.) As in this guide most of the new legislation requires reporting by medical and related professional people of abuse cases to welfare, judicial, or law enforcement agencies; and contains clauses designed to protect those who do the reporting from legal liability. Some of the laws classify such abuse as a misdemeanor and spell out penalties.

Child Welfare Services

Idaho and *Oklahoma* enacted laws requiring licensing of child-care facilities including those for day care, and, in the case of *Idaho*, foster homes and maternity homes. This brings to 51 the number of States and other U.S. jurisdictions with licensing and certifying provisions for child care.

Colorado, abolishing a board of standards of child care, placed responsibility for licensing with the State Department of Public Welfare, and established an 11-member advisory committee representing the licensees, the State departments of health, education, and institutions, and the public at large. *Wyoming* provided general standards to be used by the State welfare department as a guide in establishing detailed standards for various types of child-bearing facilities; and *Iowa* extended its licensing requirements to include any home taking care of an unrelated child. The *Iowa* legislature also authorized the use of State child welfare funds to assist the counties in the support of children in foster care.

In *Pennsylvania* legislative changes assured public child welfare services for all children who need them whether or not they have resident status and provided for reimbursement of counties for costs of child care and treatment in foster care or in their own homes. It also provided for the State's operation, after 1968, of child welfare services in counties without adequate provision of such services, at these counties' expense. In *Maryland* the legislature set up an advisory council on child welfare, composed of representatives of State agencies, courts, voluntary agencies, and laymen; in *Missouri* foster-home care appropriations were increased more than 30 percent.

Inheritance rights of adopted children were clarified in *Idaho, New York, North Carolina,* and *Maryland*, as being the same as those of a natural child of the adoptive parents, once the order of adoption is made. *Maryland* revoked provisions allowing adopted children to inherit from the natural parents also.

In *Florida*, the State welfare department was authorized to place children for adoption and to charge specified fees. *Wyoming* clarified and tightened adoption procedures and joined the Interstate Compact on Placement of Children, of which *Maine* and *New York* are members as well. *Massachusetts* also joined the Compact. *Utah* provided for consent by minors to adoption of their children, and *North Carolina* and *Idaho*, for involuntary ending of parental rights in improper guardianship cases.

Illegitimacy and Nonsupport

The *Maryland* legislature requested the State Department of Public Welfare to develop a social service for women pregnant out of wedlock as well as for putative fathers. Also, on the basis of recommendations of the State Illegitimacy Commission, it added to the definition of "neglected child:" a child living in a home without a stable moral environment, including in the criteria for judging this environment whether the child's caretaker is, or has been in the preceding 12 months, pregnant out of wedlock. The new legislation provides for help to the family for 90 days after "neglect" is determined and the filing of a petition alleging neglect if the condition continues.

The *North Carolina* legislature eliminated the need, in cases of certain children born out of wedlock, for the natural mother's consent to adoption when she is judicially determined to be living out of wedlock.

A *Montana* law put the obligation to support an out-of-wedlock child on the father, and set up a legal framework to determine parentage.

Support laws were also passed in *California*, which spelled out the ways that the law enforcement and welfare agencies are to work together in getting fathers to support their children, and specified that fines levied for nonsupport are to be paid to the custodian of the child or, if the child is receiving public assistance, to the county welfare department; in *Minnesota* and *Missouri*, which gave authority to their State welfare commissioners to enlist the aid of other agencies in locating deserting mothers and fathers; in *North Carolina*, which defined willful desertion by the father as a felony; and in *Utah*, which passed a law patterned on the Uniform Reciprocal Enforcement of Support Act.

Public Assistance

Laws broadening State programs of aid to families with dependent children were passed in a number of States.

California, Kansas, Kentucky, Michigan, and *Washington* extended coverage to include children of unemployed parents, bringing to 18 the number of States with authority for such assistance.

Eight States passed laws allowing AFDC payments to be made to children in foster care: *Georgia, Kansas, Michigan, Minnesota, Missouri, New York, Texas* and *Vermont*, making a total of 30 States that allow such payments.

Alaska and *Minnesota* permitted children in the AFDC program to save their earnings for an approved purpose.

Minnesota was also among the eight States to provide the legislative basis to pay grants to a person other than the head of the household, if necessary to protect the children. Others were *Illinois, Louisiana, Oklahoma, Kansas, New York, North Carolina,* and *Texas.*

Nebraska eliminated the requirement that students between 16 and 18 years old must maintain satisfactory grades in all classes to be eligible for payments.

Texas, which was the only State with a maximum age of 14 for eligibility to AFDC, raised the age limit to 16.

Some States set up new restrictions on public assistance programs:

Illinois set ceilings for the first time on payments—$80 a month for one child and relative and $20 a month each for the next 7 children and $10 a month for the 9th and 10th children and none for those beyond; but allowed additional allowance for rent in certain cases. *Missouri* required a physical or mental examination of persons whose incapacity was the basis for an application for AFDC, by a physician appointed by the State's welfare agency. *Ohio* made it mandatory for assistance recipients to accept work on public projects or to take vocational training.

Juvenile Delinquency

Some approaches to preventing delinquent behavior were taken by the legislatures in: *California*, through authorization of a 2-year program that calls for $346,000 to help school districts keep youths with serious problems in school by providing them with home counseling and cultural enrichment in 9 pilot projects, as well as through a 1-year program to train youths between 16 and 22 years of age in forest and conservation practices; *Indiana*, with the setting up of a commission to study the problem of school dropouts; and *Wisconsin*, through two new youth camps to be built and operated with the State's outdoor resource development funds of about $188,000.

In *North Carolina*, juvenile court judges were given the power to commit delinquent children to the custody of the county welfare agency for placement in suitable homes; and county public welfare directors were designated as chief probation officers of juvenile courts which have no probation staffs. In *Kansas*, two or more counties were authorized to join in providing a detention home or juvenile farm. In *Missouri*, representation by public defenders was extended to minors appearing in juvenile courts, under certain conditions; and provision was made for the return of a child sent to the Division of Mental Diseases by the juvenile court or Board of Training Schools, but found not needing care for mental diseases.

Nebraska authorized juvenile court judges to appoint referees; deleted the right to request a jury trial on the part of a delinquent child charged with a crime; limited the pre-adjudication period of custody and spelled out conditions under which a child can be taken into custody without a warrant or court order; and narrowed the definition of a delinquent child so as to omit children who have not violated a State law or village ordinance.

Colorado limited the appointment of investigators by juvenile courts to courts in counties with more than 200,000 people. In *Idaho*, hearings of youthful offenders were made closed to the public and public inspection of probate records was forbidden, at the court's discretion. In *Montana*, arson and assault in the second degree were included among crimes for which a child over 16 years may be prosecuted.

The *Hawaii* legislature prohibited "glue sniffing" and passed protective provisions for persons giving case information to medical study groups.

Delaware, *North Carolina*, and *West Virginia* joined the Interstate Compact on Juveniles.

Other laws related to young people's behavior were passed in *Florida*, where juvenile courts were authorized to transfer traffic violators to adult courts; and in *Illinois*, where a curfew law prohibited youngsters under 18 from being on the streets after midnight on weekends and 11 o'clock on other nights.

Structure and Operations

Among major structural changes brought about by 1963 legislation were:

- In *Georgia*, a new Division of Children and Youth within the Department of Family and Children Services, formerly the State Department of Public Welfare, bringing together State juvenile delinquency services with child welfare services for dependent and neglected children. A policy-making board was established for the new division. Licensing responsibilities were clarified and extended to include day care and maternity homes.
- *In Idaho*, the Department of Public Assistance was made responsible for providing protective services for neglected children; child welfare services for children in their own homes; and shelter care for neglected and abused children brought before the courts. The Department was authorized to accept legal custody of children committed to it by the probate court, to place children for adoption, and to consent to adoption. An interdepartmental committee on children and youth was established to coordinate administrative action in the fields of child health, education, and welfare.
- In *Illinois*, a new Department of Children and Family Services to provide social services to children and their families when unavailable through other public and private agencies and to operate schools and institutions for physically handicapped and dependent children and provide certain rehabilitative services for adults.
- In *Kentucky*, a new Division of Social Services within the State Department of Economic Security to provide more social services and counseling to public aid recipients, including children.
- In *Montana*, a new Department of Institutions which binds together 10 of the State's institutions.

Miscellaneous

Programs for mentally retarded children were affected by legislation, in:

- *Minnesota*, for grants-in-aid to local communities and nonprofit groups for the setting up of daytime activities for about 350 mentally retarded children out of $155,000 in funds for 2 years.
- *Colorado*, for $60,000 in appropriations to cover the first year of a comprehensive study, including pilot demonstrations, of a community program for the mentally retarded and the seriously handicapped.
- *Wyoming*, for special classrooms to be set up in the public school system for educable and trainable mentally retarded children.

Kansas modified its abortion law to exempt cases based on danger to health as well as life, and repealed a law prohibiting the sale or distribution of information, drugs, or devices to prevent pregnancy. The legislature also made health examinations compulsory for all school personnel every 3 years.

In *Colorado*, a law was passed prohibiting discrimination based on race, creed, color, sex, national origin, or ancestry in apprenticeship programs, on-the-job training programs, or vocational schools or by joint apprenticeship committees.

—Eleonora Chatty

BOOK NOTES

THE LIMB-DEFICIENT CHILD. The Child Amputee Prosthetics Project, Department of Pediatrics, School of Medicine, University of California, Los Angeles. Edited by Berton Blakeslee. Photographs by Mary Louise Histon. University of California Press, Berkeley 4. 1963. 391 pp. $8.50.

This volume describes the interdisciplinary methods and treatment techniques in use by the Child Amputee Prosthetics Project at the University of California School of Medicine at Los Angeles. Contributors include the project's medical director, medical social workers, research prosthetists, research physical and occupational therapists, and others.

The book's nine chapters deal successively with the role and functions of the medical director, orthopedic considerations, psychosocial problems, preprosthetic evaluations and therapy, child prosthesis design and fitting, the training period—including stump hygiene and prosthesis care, and upper and lower extremity training.

Photographs, drawings, graphs, tables, and charts are included.

READINGS IN ADOPTION. Edited by I. Evelyn Smith. Philosophical Library, New York. 1963. 532 pp. $7.50.

With the statement that "each child is worth our thought and care for himself alone," the editor of this anthology, a former Children's Bureau consultant on foster care, introduces the 40 articles she has brought together in it from the literature on adoption.

The book is organized into five parts. The first four, composed of chapters written by social workers long experienced in services to children, present general concepts as well as the philosophy underlying adoptions and discuss adoption services in relation to natural parents, the child, and the adoptive parents. The final section presenting contributions of persons in professions other than social work, including pediatricians, psychiatrists, lawyers, and psychologists, includes, among others, chapters on the application of psychoanalytic concepts to agency practice, problems in developing research on adoption, the legal profession's responsibility in adoption, and criteria for predictability. In the final chapter, "A Forward Look," the editor names some goals for agencies and communities, underscoring the development of "broad citizen interest and participation in planning and supporting adoption and related programs."

The volume is presented as a groundwork for policy makers and planners as well as for adoption workers.

INFANTS IN INSTITUTIONS: a comparison of their development with family-reared infants during the first year of life. Sally Provence, M.D., and Rose C. Lipton, M.D. Preface by Milton J. E. Senn, M.D. International Universities Press, New York. 1963. 191 pp. $5.

Through the use of infant tests and precise clinical observations, the authors of this book compared a group of 75 infants reared in an institution with a group of infants reared in foster homes. Attention was focused on the complete "life space" of the child in the institutional environment, including staff behavior, the physical environment, the presence or absence of stimuli in the child's experience. The authors documented the qualitative nature of many stimuli, including the tactile, visual, auditory, affectional, social exploratory, and constancy of mother substitute. They found deficits in all these areas, especially in the personal interactions called "mothering."

The developmental progress and learning experience of the institutionalized infants are described in detail to show the specific effects at various age levels of the institutional environment. Among reported effects are retardation in social interaction, language development, reaction to toys, and self-discovery.

The authors also followed the institutionalized children after their placement in foster homes at the ages of 9 months to 5 years. The children were seen from one to six times and many of them showed signs of improvement. Here the effects of the early institutionalized life experiences are carefully traced, though in some instances the theorizing is speculative. Thus, there are suggestions in what areas the early damage can be reversed, and in what areas there appear to be indications of irreversability of the effects of early deprivation. In all instances, there is apparent a qualitative effect on the child's development as a result of the early experiences of institutionalization.

MOVING INTO MANHOOD. W. W. Bauer, M.D. Foreword by Morris Fishbein. Doubleday & Co., New York. 1963. 107 pp. $2.95.

Revolving around the theme that sex makes a boy into a man but "getting to be a man" also means growing up emotionally, socially, and intellectually, this book directed to teenage boys discusses such subjects as: physiology of sex and reproduction, relations with parents, especially with fathers, boy and girl relationships, where to go for help with problems, the use of tobacco, alcohol, and drugs, and choosing a marriage partner.

STUDIES IN ADOLESCENCE. Edited by Robert E. Grinder. The Macmillan Co., New York. 1963. 524 pp. $4.50.

This book of readings in adolescent psychology brings together, in a series of papers, previously published elsewhere, theoretical essays and research reports on the adolescent in today's American society. Among the specialties represented by the authors are: psychology, anthropology, sociology, and education.

The major portion of the readings deal with the various forces of socialization as they affect the adolescent, while a smaller section consists of papers on physical and intellectual growth during adolescence. Topics accorded considerable emphasis include the following: the effect of social class upon youth behavior, particularly in the school setting; motivation, academic achievement, and creativity.

HERE AND THERE

School Dropouts

As a federally sponsored back-to-school campaign begun in early summer drew to a close in September, preliminary results showed that more than 10,000 potential dropouts in 20 cities had been persuaded to continue their education. This was reported by the Office of Education, U.S. Department of Health, Education, and Welfare, on the basis of evidence from 20 of the 63 communities for which a total of $250,000 had been made available in August from Presidential emergency funds for counseling youth identified as school dropouts. Allocations ranging from $300 to $20,000 financed the efforts of some 600 counselors.

The report showed that school counselors interviewed more than 23,000 young people—43 workers in the District of Columbia identified 1,833 dropouts, had conferences with 1,267 of them, and persuaded 800 of them to return to school.

This effort made inroads into the expected total of 400,000 dropouts predicted for this school term by the Office of Education on the basis of past experience.

Another segment of the Federal campaign, sponsored by DHEW's Welfare Administration, was directed toward encouraging junior- and high-school-age youth in families receiving aid to families with dependent children (AFDC) or child welfare services to go back to school this fall. Acting on a proposal from this agency in July, State welfare agencies in 33 States and the District of Columbia, in cooperation with public school authorities, embarked on special anti-dropout drives, according to reports received by the Bureau of Family Services in early August. These drives included such features as allowing children on the AFDC rolls to keep some of their earnings for school expenses without reduction in their family's assistance check; paying for glasses, hearing aids, and other items; arranging for vocational training or a combined work-school program; paying for day care for preschool children if teenage children would otherwise have to stay home to care for them. For these efforts, the Bureau of Family Services was able to pay up to 75 percent of the cost under dependency prevention provisions of the 1962 public welfare amendments that took effect July 1.

A model back-to-school demonstration project—sent in outline to all States in late July by the Bureau of Family Services—for which Federal funds could finance 100 percent of the cost was adopted by four States by mid-September. All but 12 States had responded in some way to the Bureau's urging to encourage AFDC children to remain in school. Welfare staffs visited children aged 13 through 17 years of age in AFDC families, worked out plans to assure their return to school, and later evaluated the success of the effort.

Visits were made by public welfare staff to a high proportion of the junior and senior high school children in AFDC families, as well as to families receiving child welfare services. Some States mailed notices or letters to all families known to public welfare agencies who have children.

These special efforts on behalf of the potential dropout were the outgrowth of a conference in Washington, D.C., in mid-July, at which educators, school board members, and public welfare officials from 28 major cities discussed ways of encouraging the thousands of youths expected to join the ranks of dropouts to go back to school this fall. The conference, called by the Office of Education, was held in response to an appeal to act on the dropout problem by President Kennedy at the White House on June 19.

Efforts of the U.S. Department of Labor to encourage young people to stay in or go back to school have for some time included informational-educational efforts on a broad front: the dissemination of booklets and other audiovisual material, a film ("When I'm Old Enough, Goodbye"); cooperative agreements with advertising, sports, and other organizations for mass publicity on the importance of schooling for youth; and an emphasis on the importance of schooling in its program of vocational guidance and counseling carried out through the State employment services, in cooperation with high school counselors. All these efforts were stepped up during last summer's special campaign.

Educational Television

In early September the first five grants, amounting to $858,152, were made under the Educational Television Facilities Act of 1962, legislation designed to foster broadened and better television facilities for the schools. (See CHILDREN, July–August 1962, page 164.) Expected to cost a total of about $1,290,000, the projects receiving these funds will provide educational service to areas with over a million people. The grants were: $299,619 to the Chicago Educational Television Association for a new station on channel 20; $129,143 to the Educational Television Association of Hampton Roads, Va., for studio equipment on channel 15 at Norfolk; $99,865 to the Utah State University of Agriculture and Applied Science for a new station on channel 12 at Logan; and to the South Carolina Educational Television Commission $270,303 for a new station on channel 29 at Greenville, and $59,222 for a new station on channel 7 at Charleston.

The Mentally Retarded

Some 400 persons from the fields of health, welfare, education, and vocational rehabilitation in every State, the Virgin Islands, and Puerto Rico met in Warrenton, Va., for 3 days in mid-September for a White House Conference on Mental Retardation, called by Dr. Stafford Warren, special assistant to the President for mental retardation, at the request of the President.

The purpose of the Conference was to stimulate coordinated program planning among official agencies at all levels and between these and private groups.

At the opening session, addresses by Sargent Shriver, executive director of the Joseph P. Kennedy, Jr. Foundation, Leonard Mayo, chairman of the President's Panel on Mental Retardation, and of officials of the various units of the U.S. Department of Health, Education, and Welfare described the scope and implication of the problem of men-

tal retardation, predicted to involve more than 6 million people by 1970, and outlined the Department's program for tackling it.

Dividing into six work groups, the participants then focused on mental retardation from the perspective of their agencies' particular functions as well as of professional teamwork. Some principal threads of discussion were: the need for mechanisms related to the conditional use of matching funds; statewide enforceable standards; the availability of State consultative services; and experience with interagency councils for coordination.

Speakers at the final plenary session, which was exclusively on prevention, stressed the importance to the Nation of the quality of reproduction, which, it was maintained, "is poor and getting poorer;" the inadequacy of facilities and resources for ante partum care in some States; the value of broadening research avenues to causes of and methods of preventing and treating retardation; and the need for reducing cultural deprivation among underprivileged families, in the light of research that attributes a large segment of mental retardation to behavioral factors after birth.

Research

A resource for research on enzymes, the mysterious catalysts in body cell chemical reactions, is to begin operation this winter at Tufts University School of Medicine in Boston under a contract made with the Public Health Service in mid-July. The new center will isolate and purify, on a large scale, enzymes and naturally related substances not so far available in the quantities or in the state of purity required for biomedical research. These are to be made available for basic medical research.

The center's program will be administered by the National Institutes of Health with the advice of a committee of eight scientists, including two from outside the area. An allocation of $645,000 in Federal funds has been made for its first 18 months of operation.

Training

A 3-year demonstration project to develop inservice training for public assistance workers who are employed in the program of aid to families with dependent children but are unable to obtain professional education was launched this fall in the State of Washington. Federal funds approved for the first year of its operation totaled $244,600 for the project's new State training center in Seattle. These comprised $59,500 in demonstration project funds made available by the 1962 public welfare amendments and $185,500 under another 1962 provision allowing 75-percent payment by the Federal Government of certain inservice training costs incurred by the State.

In its first year the project calls for 10 months of intensive training—classroom lectures and discussion programs alternating with closely supervised work with AFDC families—for a selected group of 18 public welfare workers with at least 1 year's experience on the job.

Unmarried Mothers

A demonstration project in which 30 unmarried pregnant teenage girls continue their education as a group in a special school and receive counseling, casework, health, and psychological services was launched this fall within the public school system of the District of Columbia. Envisioned as a springboard for a continuing program geared to the educational, health, and general welfare needs of unmarried mothers, the 3-year project is a coordinated effort of the District's health, welfare, and education agencies, financed by a grant from the Children's Bureau.

The project employs a multidisciplinary team of three teachers, a clinical psychologist, two psychiatric social workers, and a research consultant. The girls, expected to number about 60 in daily attendance, are referred to the project from private and public health and welfare sources and from schools. After acceptance into the program, they will follow the regular school calendar, including summer sessions. A full program comprises, in addition to four academic subjects, a course in personal and family living, interviews with psychologists and social workers, and appointments with appropriate health services for prenatal and post partum care, and hospital delivery.

The project also includes plans to evaluate such factors as the students' growth in emotional stability and in responsibility for acceptable social behavior; acceptance by the girls and their families of group affiliation with other pregnant schoolgirls; and the program's effectiveness in fostering good health of the girls and babies. Also, there will be an attempt to delineate those things which determine whether the program is accepted or whether it is rejected.

Integration

Racial discrimination has been prohibited in any of the programs of county or private welfare agencies licensed by the California State Department of Social Welfare under an order issued by the State's welfare director, J. M. Wedemeyer, toward the end of last summer.

The order requires that:

- Admission and care practices be maintained on a nondiscriminatory basis in day nurseries, child-placing and adoption agencies, maternity homes, and special boarding and day-care homes licensed by the Department.
- Written declarations be made by all State licensed facilities that they operate on a integrated basis and such declarations be made available to the public.
- Administrative processes of all counties be reviewed to root out discriminatory practices in relief and welfare programs and special training be developed for workers dealing with minority groups.
- The State welfare department train its administrators and supervisors in minority group relations and develop far-reaching antidiscriminatory programs affecting State services, local public agencies using State funds, and private agencies licensed by the State.

Delinquency Prevention

A grant of $1 million has been awarded under the Juvenile Delinquency and Youth Offenses Control Act to Cleveland's Community Action for Youth for the first year of a 3-year demonstration project to prevent and control delinquency in the city's multiproblem Hough neighborhood. Another $1 million is being contributed by local groups in funds and services.

The project includes more than 50 new programs, some of which involve: occupational counseling in a center that gives remedial education for dropouts, employment orientation, and skill training; a preschool family nursery; prekindergarten readiness activities; communication skills improvement in

elementary schools; and classes for junior and senior high school students with special disciplinary problems.

The funds are also expected to allow the start of a new district public welfare office in Hough to give priority to child neglect cases; work programs for boys on juvenile court probation; a program for unmarried pregnant girls, including prenatal medical service; and a "youth incentive program" to give recognition to young people's achievements in school sports and community service.

For Youth

A 1-year federally supported project in which 1,000 semi-literate, unskilled youths, 16 through 21, are given classroom instruction in the "three R's" as well as job training is under way in Chicago, under the sponsorship of several local and State agencies. These include three voluntary agencies, the Young Men's Christian Association of Metropolitan Chicago, the Chicago Boys Club, the Chicago Youth Centers, and the following governmental agencies: the Cook County Department of Public Aid; the Illinois State Employment Service; the Illinois State Department of Vocational Education; and the Chicago Commission on Youth Welfare. Funds for the project, called Job Opportunities Through Better Skills (JOBS), come from grants authorized under the Manpower Development and Training Act of 1962: $541,000 from the U.S. Department of Labor for trainee selection, testing, counseling, job development, placement, and follow-up costs; and $485,000 from the U.S. Department of Health, Education, and Welfare for training costs. In addition, the U.S. Department of Labor will pay the cost of training allowances for youths in the program.

Youths selected to participate by the local agencies are out of work and out of school, and for the most part have achievement levels of no more than the sixth grade. They receive lessons in basic education—including reading skills and practice and number skills—for about 6 weeks. This is followed by skill training tailored to fit individual aptitudes and needs, in automotive and mechanical skills, clerical skills, and food service. About 600 of the young people will receive on-the-job training, learning—while doing—to be stock clerks, waiters, office machine assemblers, landscape gardeners, and workers in a variety of other occupations.

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A $3 million program to help open the doors of skilled employment to some 20,000 unemployed youths in New York City was begun in early July with a Federal contract of $2 million under the Manpower Development and Training Act and $1 million from the city.

Youths to be trained under this program, called Job Orientation in the Neighborhoods (or JOIN for short), will be drawn from the 16–21 years age group which represents an estimated 26 percent of the city's total of 300,000 unemployed, most coming from the generally deprived Negro and Puerto Rican communities.

The program developed out of the city's Neighborhood Resources Development Program. It will be directed by the Mayor's Council on Expanded Employment Opportunities and Training.

Among program plans are vocational guidance, testing, counseling, job training, job tryouts, and placement. Training programs under MDTA are being developed for youths served at the Neighborhood counseling centers. Also expected are agreements with employers, employer associations, and unions for job training and placement, and job surveys.

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Ten returning Peace Corps volunteers began teaching this fall in Cardozo High School in Washington, D.C., as part of a pilot demonstration project called Washington Action for Youth (WAY). The project, which focuses on one of the city's high delinquency areas, was created by the Juvenile Delinquency Planning Board of the United Planning Organization, a body incorporated last December to launch a major demonstration project to prevent juvenile delinquency and provide opportunities for youth in the National Capital area. Launched with a grant of $225,000 from the President's Committee on Juvenile Delinquency and Youth Crime, it began operation of a multifaceted program last spring.

In the use of returning Peace Corps volunteers, an attempt is being made to demonstrate that there are parallel conditions in teaching a Peace Corps situation and in deprived areas of this country. The former volunteers teach part time and follow a specially devised curriculum of education and subject matter courses at Howard University. They are paid $4,500 each for the school year.

One of WAY's activities thus far has been a summer employment program which by the middle of July had found jobs for about 1,300 youths between 16 and 18; and, coordinated with this (and with the "Future for Jimmy" project of the Washington Urban League), a program in which roving leaders supplied by the D.C. Recreation Department counsel young people, help them find part-time or summer jobs, and encourage them to return to school to prepare for full-time employment after graduation. Another of WAY's planned activities is a pre-cadet training program, sponsored in cooperation with the District school system and the Police Department as a recruiting source for police cadets.

Just getting under way is a WAY youth center for counseling, testing, and placement of out-of-school unemployed youth, launched this September and operated in cooperation with the U.S. Employment Service and the District school system.

Federal funds supporting these WAY projects come from grants made under the Juvenile Delinquency and Youth Offenses Control Act and under the Manpower Development and Training Act.

Vital Statistics

Tenth in 1961, the United States apparently has slipped back to 11th place among countries ranked on lowness of their infant mortality rates, according to provisional figures for 1962 or the most recent year available. The provisional U.S. rate for 1962 is 25.3 per 1,000 live births, the same as for 1961. (See CHILDREN, September–October 1962, p. 201.) Ireland, which was in 13th place in 1961, according to the provisional 1962 figures moved into 10th place with a rate of 24.2.

Since 1950, Finland, Japan, Ireland, and the Federal Republic of Germany have cut their infant death rates about in half. The Netherlands, Norway, Denmark, and Switzerland, with rates already well below the United States, have made reductions of about one-third in their infant mortality rates. In the United States since 1950 the reduction in infant mortality has been about 13 percent.

The countries compared are known to use World Health Organization definitions of live birth and of infant death, have relatively complete reporting, and populations over 300,000 in 1960, or a recent census.

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With 4,167,362 babies born in the United States in 1962, fewer than in any year since 1955, the 1962 rate of 22.4 live births per 1,000 population was the lowest since 1945. This represented a drop of 3.9 percent from the 1961 birth rate. Also lower was the 1962 fertility rate—calculated as live births per 1,000 females aged 15–44 years. This rate was 112.1 in 1962, compared with 117.2 in 1961. In the last 5 years the birth rate and fertility rate have dropped 11.5 percent and 8.6 percent, respectively.

Federal Legislation

In October, the 88th Congress enacted the 1963 "Maternal and Child Health and Mental Retardation Planning Amendments" to the Social Security Act. These:

- Increased authorizations for grants to the States for maternal and child health and crippled children's services—from the $25 million each—by steps of $5 million a year, to $50 million each for fiscal 1970 and subsequent years.
- Authorized a new 5-year program of grants to State and local health departments for maternity and infant care projects, directed primarily to women in "high-risk groups" who would otherwise be unable to pay for needed medical care. The objective is to help reduce the incidence of mental retardation caused by complications associated with childbearing. Amounts authorized for this program were $5 million for the fiscal year 1964, $15 million for fiscal 1965, and $30 million for each of the next 3 fiscal years. The Federal grant may not exceed 75 percent of the cost of a project.
- Authorized grants or contracts for those research projects in maternal and child health or crippled children's services that show promise of substantially contributing to the advancement of these programs. Funds for this purpose were authorized up to $8 million for any fiscal year.
- Added a new title (Title XVII) to the Social Security Act authorizing one-time grants to the States for up to 75 percent of the cost of planning comprehensive action to combat mental retardation. Appropriations of $2.2 million were authorized to be available through the fiscal year ending June 30, 1965.

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In late September, the 88th Congress appropriated $86,344,000 for activities of the Children's Bureau during fiscal 1964. This amount included $3,401,000 for salaries and expenses—about $458,000 over the total for this item in 1963, including supplemental appropriations. The amounts included for grants for maternal and child welfare, totaling $82,943,000, were: $25 million for crippled children's services; $25 million for maternal and child health services; $29 million for child welfare services—of which $4 million is earmarked for the development of day-care services in the States (see CHILDREN, September–October 1962, page 199); and $3,943,000 for child welfare research, training, or demonstration grants.

READERS' EXCHANGE

GRANT AND WARREN: ***A rare opportunity***

Generally, throughout the country we have been going through the motions of juvenile court procedures, probation, institutionalization, and parole without clearly developed treatment plans. Court commitments to institutions have soared without evidence that training schools offer more effective treatment in a given case than would improved probation services in the community.

While crash delinquency prevention programs search for quick remedies, evaluation of our basic correctional programs is overlooked. It is not improbable that mass production caseloads, overcrowded detention homes, juvenile halls, and training schools contribute substantially to delinquency when little more than lipservice is given to treatment.

The Community Treatment Project described by Marguerite Q. Grant and Martin Warren in the July–August 1963 issue of CHIDREN ["Alternates to Institutionalization"], with its interdisciplinary approach and use of appropriate community resources, has a rare opportunity to define casework methods more clearly. If it succeeds in this, it could make two important contributions by providing: (1) material for more effective training of probation and parole agents; (2) a practical basis for caseload standards unlike anything now available. The key questions are whether the project allows sufficient time for the results to be valid, and whether the report will be presented in a form usable for these purposes.

Three years is hardly long enough to undertake treatment and evaluate its effectiveness. The project was half over at the time the article was written, yet the average length of time subjects were carried in the community program was only 10 months. At least 3 years should be allowed for observing results after the intensive community treatment is concluded.

Interim reports are often misleading because the facts are not all in. It is hoped that in the final report, the three broad maturity levels will be carefully spelled out together with the dangers common to all classification systems—misinterpretation of symptoms, overlap, and tendency to rely on inflexible formula. The report of the project conceivably could have immense value for training child welfare workers and probation officers. If early detection and treatment had been built into child welfare and probation services, the boy who had had nine foster home placements might never have had to be committed to the Youth Authority.

As the authors recognize, there are courts which use their probation depart-

ments as a treatment tool and commit less than 5 percent of their delinquents to institutions. There are also institutions, with the same type of delinquents as those admitted to the project, which claim to have an 85-percent success record. Since the project has already returned about 15 percent of its experimental subjects to the institutions, it can hardly be expected to top the 85-percent claim.

The answer we are searching for is likely not to *exclude* the institution but more clearly to define its proper use and the need for a variety of smaller specialized facilities used in conjunction with redefined treatment in the community.

Sherwood Norman
Director of Detention Services, National Council on Crime and Delinquency, New York

HOSLEY: *For the culturally deprived*

In her article, "Culturally Deprived Children in Day-Care Programs" [CHILDREN, September–October 1963], Eleanor Hosley provides an example of an area in which services to the culturally deprived can be especially effective. Describing the type of individual care and understanding needed to provide an enriching experience for each child, she also makes clear the importance of the child's experiences in a group.

Most of our teachers in day-care programs come from middle-class backgrounds. Thus they may need help in understanding the child whose background is different. Culturally deprived children may respond differently than middle-class children to people and situations because of different life experiences. Often social workers can help teachers not only to understand the family's background but also to verbalize their own feelings about these children. For example, the teacher may need help accepting the child whose eating, cleanliness, and behavior differ from the majority of children in the group and from her own standards.

I would like to stress the importance of a strong social service component in a day-care program in assuring that the experiences the child has are to be constructive ones, related to the child's total life situation. The social worker becomes central to an effective program since it is through her work with the parents that what happens to the child during the day will be related to his experiences in the family unit.

The day-care agency having policies developed primarily to serve the middle-class family may find that a re-evaluation of these policies is necessary, if the culturally deprived child is to be served. Are the fees too high for families who do not understand the need for an educational program? Can a rigid policy of excluding sick children be interpreted to those parents who have little concern about health standards? Can a 6 o'clock closing time be rigidly enforced? The agency needs to "start" where the client is.

It is hoped that the recent provision of Federal funds to support day-care services will result in more services being made available under public auspices to the culturally deprived groups. Such services should include not only day-care centers for the 3- to 6-year age group but also appropriate services for the very young child and the school agers who also need care and protection. Those who plan services should give careful consideration to the possibility of breaking depriving family patterns through the development of strong family day-home programs to serve children from such backgrounds.

Malcolm Host
Executive Director, Day Care Association, Houston, Tex.

KAHN: *Counting the positives*

I read with much interest Alfred Kahn's article, "The Citizen's Role in Social Welfare Policy" [CHILDREN, September–October 1963], and find myself in accord with several points that he makes. It is certainly high time that we deal with social problems in terms of the social change which is now taking place. It is high time that we strike a better balance of policy discussion relative to traditional rehabilitation services and preventive programs. It is high time, also, that better planning operations take place in order to underpin sound policy formulation.

There is, however, one aspect of Dr. Kahn's article that bothers me. It is the omission of any positive discussion of the *structures* achieved over the years for citizen participation in social policy formulation in the field of child welfare. Dr. Kahn refers to the need for periodically dealing with basic issues and changing problems but makes no reference to the White House Conferences that have been held periodically for over a half a century. In my opinion they represent a monumental achievement in joint lay and professional planning and policy formulation.

The child welfare services plan in practically every State in the Union is an instrumentality of the highest order for utilizing lay and professional persons in planning and policy formulation. Many States, in the formulation of foster care licensing standards, have developed committee arrangements to ensure citizen participation. Certainly licensing standards not only represent "public policy," *per se*, but also constitute a truly preventive service. Witness also, the development of planning and policy groups for day care—at various levels of government—which provide a wholesome structure for a dialogue between lay and professional individuals on a current community problem that has come as a result of "accelerated social change."

In citing the above examples, which are only a few of many in the field of child welfare, I am not implying that I believe we have achieved a utopian arrangement for citizen participation in social policy formulation. I do believe, however, that they represent a significantly positive achievement which should be noted in any analysis of the topic.

Norris E. Class
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For Parents

POINTS ON PREGNANCY. Thomas C. Points, M.D. Esteem Associates, Stillwater, Okla. 1963. 200 pp. $5.

A guide for expectant mothers.

A PARENT'S GUIDE TO CHILD PSYCHOTHERAPY. Howard M. Halpern. A. S. Barnes & Co., 11 East 36th Street, New York 16. 1963. 178 pp. $3.95.

PARENTS' GUIDE TO CHILDREN'S VISION. James R. Gregg. Public Affairs Committee, Inc., 22 East 38th Street, New York 16. Public Affairs Pamphlet No. 339. 1963. 20 pp. 25 cents. Quantity rates available.

SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

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COUNSELING AND EMPLOYMENT SERVICE FOR YOUTH: Supplement I to "Counseling and Employment Service for Special Worker Groups." November 1962. Department of Labor, Bureau of Employment Security. 1963. 84 pp. 40 cents.

Designed to be used as a supplement to the discussions in "Counseling and Employment Service for Special Worker Groups," this publication describes the procedures applied in providing vocational counseling and employment and placement services for high school graduates and school dropouts, and also for the college graduate. An appendix contains a variety of screening forms used to determine the work or educational plans of students.

CHILDREN, PROBLEMS, AND SERVICES IN CHILD WELFARE PROGRAMS. Helen R. Jeter. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 403. 1963. 291 pp. $1.

A report of a 1961 nationwide study made by the Children's Bureau in cooperation with the Child Welfare League of America, focusing on the kinds of problems children served by public and voluntary child welfare agencies had and the services these agencies provided them. (See "Here and There," CHILDREN, March-April 1963, p. 82.)

FAMILIES OF MONGOLOID CHILDREN. Elizabeth R. Kramm. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 401. 1963. 56 pp. 25 cents.

Based on home interviews with the families of 50 Mongoloid children who were living at home, this report presents findings—illustrated with direct quotations from the parents—on the parents' reactions to having a Mongoloid child and the emotional impact of learning that the child is handicapped, their fears for the child's future, and their views of the child's effect on the parents' and family activities and his relationship with siblings and other children in the community.

Findings of the study indicate that the attitudes of professional persons who first oriented the parents to the medical diagnosis had a direct bearing on the parents' adjustment to the child's condition. A section on the implications of the study for services to families of retarded children is included.

SERVICES FOR THE CHILD WHO IS HARD OF HEARING: a guide for the development of programs. Don A. Harrington. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 402. 1963. 38 pp. 20 cents.

A completely rewritten revision of a 1950 publication, this booklet discusses concepts and principles pertinent to the establishment and further development of State and local hearing conservation programs. Its major emphases are on: prevention; early identification and multidisciplinary evaluation and diagnosis; effective medical, surgical, and audiological services; and improvement and extension of community health education.

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Page 208, Crippled Children's Commission, Trenton, N.J.

Page 227, Bureau of Juvenile Rehabilitation, Washington Department of Institutions, Tacoma.

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